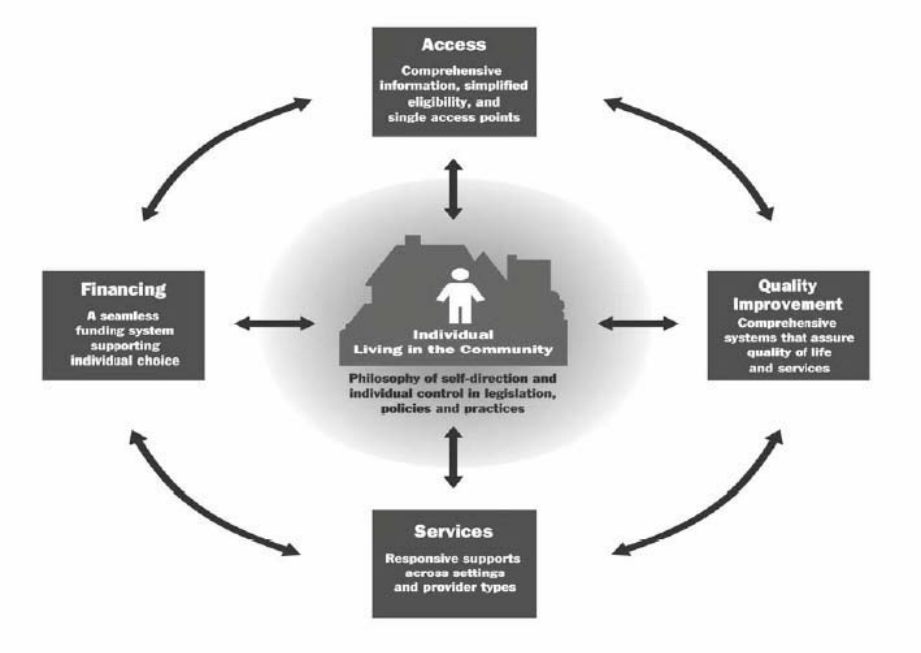
Missouri Division of MRDD
Systems Transformation Initiative

Real Choices: Systems Transformation Grants (CFDA 93.779)



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Real Choice Systems Change Grants
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July 7, 2005

The Missouri Division of Mental Retardation and Developmental Disabilities

MRDD Systems Transformation Initiative: Project Abstract The overall goal of this initiative is ***"to support people with developmental disabilities of any age or payer source to live in their communities through maximized independence, dignity, choice, and flexibility."*** The initiative will build on the Missouri Governor's stated commitment to reform government so it is efficient and responsive to residents of Missouri. It will also reform specific components of the Missouri long-term support service delivery infrastructure that present significant barriers to accomplishing the above stated goal. These infrastructure reforms will create a more seamless long-term support system and will be accomplished through the support and agreements made by multiple stakeholders, state agencies, and consumer groups. These reforms are designed to create the following transformation outcomes:

. • Improved **Access** to information and peer support needed to assist individuals to make informed choices and transition to community living opportunities

. • Creation of **Financing** options that rebalances Missouri's long-term support service programs and supports individuals to transition from state institutions to community services

. • Development of **Services** that provide needed behavioral and medical supports and improves access to a quality directed support workforce

. • Enhancement of **Quality Improvement** and information technology systems that measure the impact of Home and Community Based Service programs on the quality of life of consumers and responds quickly to address needed improvements

To transform the system and create these outcomes Missouri will focus on the following goals:

Goal 3: Development or Enhancement of Comprehensive Quality Management Systems:

Specific areas of the QM infrastructure that need attention include:

. • Developing a Comprehensive QM System Guided by Participation of Stakeholders

. • Utilizing fully the Missouri Quality Outcomes as Measures for Consumers and Agencies

. • Enhancing the Healthcare Monitoring and Outcome Components of the QM System

. • Creating, Disseminating, and Using QM Reports for Ongoing Quality Improvement

. • Developing a Means to Consistently Engage Stakeholders in Systems Ongoing Evaluation

Goal 4: Transformation of Information Technology to Support Systems Change:

Specific areas of the IT infrastructure that need attention include:

. • Creating an Online Supports Connection Resource for Consumers and Families

. • Developing an Online Positive Behavioral Support Resource Network

. • Implementing and Fully Integrating the State Quality Management Databases
. • Developing an Information Technology Provider "Score Card" System

Goal 5: Creation of a System that More Effectively Manages the Funding for Long-term Supports that Promotes Community Living Options:
Specific areas of the financing and community support infrastructure that need attention include:
. • Rebalancing of the Long-Term Support System
. • Development of Community Support and Crisis Intervention Systems
. • Enhancement of Telehealth Networks
. • Forming an Online Peer-to-Peer Mentoring System
. • Creation of a Direct Support Practitioner (DSP) Credentialing and Compensation System

Part One: Systems Readiness Assessment

PRESENTATION REQUIREMENTS OVERVIEW: In the State of Missouri many forces are converging to transform the long-term support system that provides services and supports for people with disabilities. The governor has created a Mental Health Transformation Leadership Group to develop and implement a comprehensive mental health state plan. In his January 26, 2005, State of the State speech, the governor stated he supports expanding private sector community placements through the closure of Bellefontaine, a state operated institution with approximately 340 people with developmental disabilities. The Missouri Division of MRDD has developed a 5 year plan focused on transitioning individuals currently residing in state institutions to the community. The state developmental disabilities network, including the Planning Council for Developmental Disabilities, the University Center of Excellence in Developmental Disabilities, State People First, and the Protection and Advocacy Agency, has developed a position paper on the closing of state institutions titled "Shattering Myths" (**See Appendix A**). Finally, the governor has appointed a 10 member special commission of lawmakers to look at ways to restructure Missouri's Medicaid system. The state of Missouri is in a dynamic position to transform its' long-term support system. Never before have executive, legislative, state agencies, and consumer/family groups converged to address barriers to systems transformation. The following 17 point self-assessment provides a description of the status of transformation and barriers that must be addressed to create needed infrastructure improvements. A summary of this self-assessment is included in Part 2 of this narrative, Current Level of Transformation.

Issue #1: Political and State Agency Leadership

Governor's Commitment to Transformation: Missouri Governor Matt Blunt has initiated an ambitious effort to transform government to be more efficient and effective in its delivery of services to Missouri's citizens. In January of 2005 he signed an Executive Order creating the 2005 Missouri State Government Review Commission. The Commission was established to review "every Executive

Department within our state government to identify opportunities to restructure, retool, reduce, consolidate, or eliminate state government functions in accordance with what will result in the best and most cost-effective service for Missouri citizens."

In support of this goal he has also established a Human Services Cabinet Council (the "Council") composed of cabinet-level directors of the Departments of Mental Health, Health and Senior Services, Social Services, Elementary and Secondary Education, and Corrections. The purpose of the Council is to review cross-department policy and operations related to human services; the Governor's Chief of Staff chairs the Council.

In addition to the Council, the Governor has appointed the Mental Health Transformation Leadership Workgroup (the "Workgroup"). This Workgroup will include the project director for the MRDD System Transformation Initiative and the chair of the Missouri DD Planning Council. The Governor plans to issue an Executive Order for the Department of Mental Health (DMH), in partnership with the Council, to develop and implement a comprehensive state mental health plan. The MRDD System Transformation Initiative strategic plan will be coordinated with the overall mental health plan. This Workgroup will provide Leadership and oversight to the development and implementation of this Division of MRDD Systems Transformation Initiative.

The Council will serve as the governing body of the Workgroup and will receive regular reports from the Workgroup, review and approve all recommended plans and policy changes, and assure consistency with and alignment of Workgroup activities with the activities and recommendations of the Government Review Commission. The Council will link the Workgroup with both the Governor and the Government Review Commission. This will assure that MRDD transformation is not isolated and confined to just the Department of Mental Health but also includes all of the state departments and agencies that are involved in the provision and/or support of MRDD services across the lifespan, and is inclusive of all institutional settings.

The Transformation Leadership Workgroup: The Governor appoints members of the Workgroup. Senior leadership from the following state agencies have been designated to serve on the Workgroup: Department of Social Services (DSS); the state Medicaid and Child Welfare Agency; Department of Health and Senior Services (DHSS), which includes services for seniors and persons with disabilities and children with special health care needs; Department of Corrections (DoC); Department of Elementary and Secondary Education (DESE); the agency in which vocational rehabilitation and special education is located; and the DMH directors of Mental Retardation and Developmental Disabilities, Comprehensive Psychiatric Services, and Alcohol and Drug Abuse. In addition to senior representation from the aforementioned departments, the Governor's Health Policy Analyst and the chair of the State Advisory Council for the DMH division of Comprehensive Psychiatric Services have also been appointed to the Workgroup, and through this proposal the chair of the Developmental Disabilities Planning Council and Director of the University Center for Excellence in Developmental Disabilities will be appointed. Other appointees to the Workgroup include youth and adult consumers and family members and senior representatives from the Office of State Courts Administrator

(OSCA) and the state Housing Commission.

The Governor has charged the Workgroup with:

- conducting a statewide needs assessment
- developing a comprehensive state mental health plan
- identifying and implementing policy, and organizational and financing changes required to effectively carry out the state plan
- coordinating policy actions with other state and federal initiatives and fully incorporating the Comprehensive Children's Mental Health Services Plan into all planning activities
- establishing workgroups to address specific policy areas and implementing policy decisions

Goals and objectives of this MRDD Systems Transformation Initiative will be addressed within the charge the Workgroup has been given. The comprehensive state mental health plan will include a strategic plan for transforming the MRDD service delivery system. The Workgroup will assist in identifying and implementing policy, organizational and finance changes that will be necessary to carry out the strategic plan. The application packet includes a copy of commitment and support for this project from the Governor and Director of the Missouri Department of Social Services (State Medicaid Agency in this Department).

Issue #2: Stakeholder Support and Mediation

The Transformation Leadership Workgroup described above will assure planned policy actions are coordinated with other state and federal initiatives. Focused workgroups will be formed to review specific MRDD policies and implement those policies within the new system. The organizational chart for this grant can be found in **Appendix O** and outlines the connection of this project to the governor's office, the Human Services Cabinet Council, and the Mental Health Transformation Leadership Workgroup. It also highlights how the Workgroup will work with cross-entity management teams and other state/federal initiatives to implement and coordinate policy changes. To support the planning and implementation of the strategies outlined within the three transformation goal areas, Transformation workgroups will be developed within each focus area. These include a Quality Management, Information Technology, and Funding and Community Support Stakeholders workgroups. These workgroups will be responsible for the implementation of plans created within the strategic planning process. The workgroups will work with a consultant who is contracted to support planning and infrastructure improvement and development in each focus area. A description of these workgroups, and the stakeholders involved, is outlined within the "Stakeholders" section related to each goal in Part 2 of this proposal.

This organizational structure provides for a unique blend of consumer/family groups, provider associations, state government agencies, and other related organizations. These organizations have been consulted in the development of this proposal and will be involved in the strategic planning process to support its' implementation. Letters of support/commitment from many of these groups can be

found in **Appendix N** . The state has a long history of collaborating with these partners on the development of systems change initiatives. The Division of MRDD Systems Breakthrough initiative, described in the following section, is one example of this form of partnership. The Change and Innovation Agency consultants identified within the strategic planning section of this proposal will be contracted with to facilitate this planning process. They will also support ongoing planning of this Stakeholders group during the entire five year grant period. This will be the platform that we will use to facilitate ongoing interactive planning about needed reforms, addressing differences of opinions, creating solutions, and implementing systems reform.

PROGRESS WITH SYSTEM REFORM:
Issue #3: Shared Vision for Systems Transformation

The Missouri Department of Mental Health's Vision, Mission, and Values:
Missouri DMH has embraced the vision of "Lives Beyond Limitations" for individuals and families who are affected by substance abuse, mental illness and developmental disabilities since 1996. Five core values are promoted: Prevention; Access; Self-determination; Full Community Membership and Integration; and Caring, Competent and Valued Workers. The statement of vision and values emerged from a series of public forums and an inclusive comprehensive strategic planning process with the broad-based involvement and input of consumers, family members, providers, and other key stakeholders across the state. The following vision statement, mission, and values can be found on the Missouri Department of Mental Health's web page at http://www.dmh.missouri.gov/misvis.htm

Vision: *"Lives Beyond Limitations"*

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.

Mission

Working side by side with individuals, families, agencies, and diverse communities, the Department of Mental Health establishes philosophy, policies, standards, and quality outcomes for prevention, education, habilitation, rehabilitation, and treatment for Missourians challenged by mental illness, substance abuse/addiction, and developmental disabilities.

Values

Full Community Membership All people are accepted and included in the educational, employment, housing, and social opportunities and choices	**Access** All people can easily access coordinated and affordable services of their choice in their own communities.	**Individualized Services and Supports** All people design their own services and supports to enhance their lives and achieve their personal visions.

of their communities.		
Cultural Diversity All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.	**Dignity, Self-worth, and Individual Rights** All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.	**Prevention and Early Intervention** All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.
Excellence All people determine the excellence of their services and supports based on the outcomes they experience.	**Valued Workers** All people who provide services and supports are our organizations' most important resources.	**Competence** All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.

Missouri Division of Mental Retardation and Developmental Disabilities "Systems Breakthrough for Excellence Initiative: In support of the above stated vision, mission, and values, the System Breakthrough for Excellence project was initiated in 2003 to design a system to meet the needs of the division's customers now and in the future. The results of this strategic planning initiative, that included a wide range of consumers, families, and stakeholders from across Missouri, were 62 recommendations produced by eight consumer specific work groups. Work group and Steering Committee members, at a meeting held on April 29-30, 2003, identified seven (7) common themes reflected across the eight (8) consumer segment specific work groups. These common themes are:

. • Improve access to information
. • Make funding equitable geographically and among consumers with like needs
. • Encourage better collaboration with the community to provide services
. • Give consumers choice/control over resources
. • Earlier identification of risk factors in children
. • Reduce the administrative burden for staff and consumers to get services

• Improve skills/competency training for staff At the April meeting, these seven common themes were further reduced to the top three "system-wide" issues. The "system-wide" issues identified are:

1. 1. Improve Access to Services through Collaboration
2. 2. Increase Consumer Choice and Control
3. 3. Enhance Competence and Information

Excerpts from September 16, 2003 "Systems Breakthrough for Excellence Report" can be found in **Appendix B.**

Habilitation Center Five Year Plan: In March 2004, the Missouri Division of MRDD initiated a plan to reduce the number of individuals with developmental disabilities residing in state Habilitation Centers and develop the services and supports needed to serve these individuals in their communities. This plan had as one of it's goals that *"all persons who currently reside in a Habilitation Center, but who can be supported in a less*

restrictive environment, have the choice and opportunity to reside in the community, supported by a person centered plan that meets their needs." The Division of MRDD has developed transition teams for each state operated institution. The teams provide direct links to community services and assistance to residents in moving to the community. This plan also identified a number of system barriers that need to be addressed to support transitions to the community. These include financing options, direct support provider capacity, and crisis response systems. A complete list of these issues can be found in **Appendix C, Page 5.**

Status: The Missouri Department of Mental Health has made tremendous progress toward developing a shared vision and identifying priority areas for systems transformation including the downsizing of state operated institutions. Progress has been made in some areas, such as streamlining systems access, supporting money to follow the person, and supporting consumers to self-direct their own services. However, other infrastructure areas need to be addressed such as quality management, use of information technology, and access to needed resources for individuals with significant medical and behavior needs. These and other aspects of the system infrastructure are described in more detail in the sections that follow.

Issue #4: Status of Improving Access to Services

Entry into the System: Eligibility for the Division of MRDD services is determined through its' 11 Regional Centers located throughout the state. The Regional Centers, supported by numerous satellite locations, are the primary points of entry into the system. Every person who requests services is entitled to an evaluation and case management services, which includes coordination of the individual's person centered plan. After a person's eligibility and need for further services is determined, arrangements are made to obtain services within available resources of the division. The case manager acts as a navigator to enable individuals to access long-term support services through a single point of contact. This includes Division of MRDD services as well as other needed long-term support services provided by other state agencies.

Vision cón Esperanza 360°/ Vision with Hope 360°: The purpose of this ADD Project of National Significance is to enhance the capacity of a generic center for Latino families to address the need of children with disabilities in a one-stop center. The program is administered by the Mattie Rhodes Center in partnership with the UMKC University Center for Excellence and the MRDD Division.

Personal Independence Commission (PIC) Initiatives: The PIC is charged with monitoring Missouri's implementation of Title II of the Americans with Disabilities Act (ADA), based on guidance provided by the U.S. Supreme Court via the Olmstead Decision. Activities include:

. • Determining whether exiting state programs and services provide individuals with disabilities with appropriate information on community services;

. • Facilitate communication/collaboration between state agencies and the disability community;

. • Monitor and assess continuing development of the process to transition institutionalized individuals with disabilities eligible for community-based treatment into

appropriate community settings;

. • Recommend modifications/changes to improve existing home and community-based services and consumer-directed care programs;

. • Recommend potential means of expanding home and community-based services or consumer-directed care programs; and

. • Advising the Governor on necessary policy and program changes to assure that Missourians of all ages and disabilities have access to a range of community support services.

Following are recent initiatives related to improving access to services. These are described in the PIC Annual Report attached as **Appendix D, Page 1-2**.

. • *Multi-Agency Data Dictionary (Excerpt from 2004 Annual Report):* The PIC supported the efforts of the Office of Information Technology to work with the Departments of Health and Senior Services, Mental Health, Social Services and Elementary and Secondary Education - Vocational Rehabilitation to create a multi-agency data dictionary. One of the recommendations in the Olmstead Plan is to reduce the amount of paperwork and the number of times a consumer has to provide basic information on applications. People with disabilities, seniors and their families want a system that is easy to navigate and time efficient. Creating a shared data system will eliminate the need for consumers to repeatedly provide the same information. The Multi-Agency Data Dictionary project was completed on time and within budget. The agencies agreed to the data standards, and a Memorandum of Understanding was accepted by all the agencies. The next step will be to create and submit for bid a project assessment quotation to develop the online client application form. The PIC supports the Office of Information Technology's budget request for e-funding in the amount of $3.4 million in order to continue the progress and make the data-base operational.

. • *Universal Assessment Tool (Excerpt from 2004 Annual Report):* The Division of Vocational Rehabilitation (DVR) and Department of Health and Senior Services have agreed to accept the assessments used by each agency. Both agencies use the same assessment tool (DA-2) for their respective personal assistance options. Often consumers may choose to switch from the consumer-directed program in DVR to the in-home service agency through DHSS, or vice-versa. In other situations, individuals may choose to use a combination of services from both state agencies. By accepting assessments from the other agency, DVR and DHSS are helping streamline the system and make it easier to quickly access necessary services. For example, if an individual is eligible in the DHSS program and meets the DVR eligibility criteria, then he or she would be eligible for the DVR program without having to complete another assessment. The individual may still choose to have another assessment if he or she believes their situation had changed.

Status: The Division of MRDD has made tremendous progress in streamlining eligibility determination processes and developing clear entry points into the system. Consumers also have access to one individual who supports planning and service coordination. Overall, the state has begun to address the need to more efficiently share information between agencies and streamline application processes. This work continues through the interagency collaborations of the members of the PIC.

Issue #5: Status of Consumer Directed Services and Use of Individualized Budgets

Missouri Independence Plus Initiative: The Missouri Division of Mental Retardation and Developmental Disabilities (MRDD), the Missouri Planning Council (MPC), and the UMKC Institute for Human Development (IHD), Missouri's University Center for Excellence, in partnership and collaboration, received a 3-year grant from the Center for Medicare and Medicaid Services (CMS) to plan, develop and implement a life-enhancing consumer-directed system in Missouri that allows people with disabilities, and their family, choices and control in their supports and services. The project is piloting a variety of consumer directed services, including:

. • A choice to use three ways to facilitate a participant directed person centered planning process: Independent person centered plan facilitators, Self-Direct, or use of a MRDD Service Coordinator with no gate keeping functions.
. • Identifying ways participants can negotiate an individualized budget, and exercise control of allocated resources within the budget.
. • The use of different types of support brokers (self-directed, Independent broker, MRDD Service Coordinator with no gate keeping functions).
. • An individual and system back up plan to ensure staff coverage for each participant.
. • Quality Assurances that safeguards the health and safety of participants, including emergency back up plan.
. • The use of different Fiscal Management services.

The results of these pilot initiatives will be used to guide and create broader scale changes within the area of consumer directed services.

The current Independence Plus initiative is addressing a number of barriers to self-direction that were previously identified within the system. These included a need for independent planners and service brokers, direct support workers not controlled directly by the individual, training needs and a variety of other issues. A description of these barriers can be found in **Appendix E** which contains excerpts from this grant application.

Self-Directed Support Grid: Consumer-Directed personal care options are available for qualified individuals with developmental disabilities through the Division of MRDD and the Division of Senior Services. The DMRDD administers three 1915(c) home and community based waivers that combined serve approximately 8,200 persons with disabilities who otherwise would require ICF/MR level of care. Each of these waivers allows participants to self-direct personal assistant services. The DMRDD has a contract with a fiscal intermediary which is responsible for payroll functions. The Department of Health and Senior Services administers four 1915(c) home and community based waivers including the Aged and Disabled, Physically Disabled, Independent Living and Aids. Division of Senior Services administers the Aged and Disabled and Independent Living Waivers. **Appendix F** is a grid that compares consumer directed care options to agency based care options.

Practice Guidelines for Consumer Directed Supports: In 2003, the Missouri Department of Mental Health (DMH) formed a collaborative workgroup to develop practice guidelines for incorporating choice, participation, and purpose as core principles for services delivered or funded by the Department. These guidelines delineate common values and goals among the particular populations, communities, and cultures served by

the DMH, while also highlighting values and goals unique to these different stakeholders. A number of system recommendations were generated. The recommendations that pertain to the Division of MRDD are found in the Executive Summary of this report in **Appendix G, Page 7**.

Status: Much progress has been made in addressing systems issues and creating infrastructure improvements that allow individuals to self-direct their own services. The current Independence Plus project is allowing the state to pilot a number of system improvements and is developing plans to offer these improvements on a statewide level. However, there still exists a large need to create an information technology infrastructure that would provide individuals and their families with the information needed to make informed choices regarding available community supports and services.

Issue #6: Status of Developing and Implementing a Quality Management System

Quality Management Plan: The Missouri Division of MRDD has been actively working to develop and implement a statewide quality management plan. A framework for the overall plan has been developed and the state is working to implement the various components of the plan. One of the primary components that still needs to be completed is a data system that collects outcome data, trends all data, allows for information sharing with the state Medicaid agency, and supports ongoing systems improvements. A statewide data-base for the Action Plan Tracking System (APTS) has recently been implemented. A copy of the Statewide Quality Management Plan can be found in **Appendix H** and a framework that outlines this plan in **Appendix I**.

Regional Center Quality Improvement Teams: Each Regional Center of the MRDD Division has a Quality Improvement (QI) team. The duties of the team defined in a broad sense are to coordinate and facilitate the implementation of the division's quality management functions and training initiatives at local levels. The team works with each other across the state on local concerns as well, which brings additional expertise to each administrative hub. Each facility has quality management staff designated to complete the quality management functions. These teams look for outcomes in accordance with the certification principles, established division directives, and contractual requirements. Their work with providers primarily focuses upon development and subsequent review of enhancement plans/quality outcomes; although they do work with providers when core issues arise that must be resolved. Service providers are expected to work in partnership with the Regional Centers to focus on quality outcomes for the people they support through development and implementation of quality enhancement plans.

Missouri Quality Outcomes: The Missouri Division of MRDD has defined a number of desirable outcomes both for people with disabilities, as well as agencies, that provide them with services and supports. These outcomes are outlined in the *Quality Outcomes Discussion Guide* that includes a list of quality indicators related to each outcome. The outcomes for people and agencies are contained in the following tables. **Appendix J** contains an excerpt that provides an example of the quality indicators for the "People Belong to their Community" outcome.

Outcomes for Agencies

. • Action at all levels of the organization is consistent with a shared mission which is developed in response to the goals and aspirations of the people supported
. • The agency initiates and maintains positive working relationships with other organizations within and outside the service delivery system
. • The agency empowers staff to meet people's needs
. • The agency regularly evaluates its success in meeting peoples needs

Outcomes for People

• People belong to their community

• People have a variety of personal relationships

• People have valued roles in their family and in their community

• People are connected with their past

• People's communication is understood and receives a response

• People are provided behavioral supports in

• People have the opportunity to advocate for themselves, for others, and for causes in which they believe

• People's plans reflect how they want to live their lives, the supports they want, and how they want them provided

• People live and die with dignity

• People feel safe and experience emotional well being

• People are supported to attain physical

wellness

positive ways

• People are actively supported throughout the

• People are provided support in a manner that

process of making major lifestyle changes

creates a positive image

• People are supported in managing their own home

. • People express their own personal identity
. • People have control of their daily lives

Division of MRDD Quality Assurance Directives: The Division of MRDD has a number of quality assurance directives that outline policies and procedures related to a number of important areas. These directives are outlined below.

Directive	Description
Inquiry into Injuries of Unknown Origin	To prescribe procedures to be followed when Habilitation Center residents sustain an injury of unknown origin.
Service Monitoring Policy and Implementation Guidelines	Prescribes service monitoring standards for services that are funded through the Division of MRDD. The directive includes the service monitoring policy and the service monitoring guidelines.
Death Reporting Procedure	Prescribe procedures to be followed by Regional Centers and Habilitation Centers upon notification of a consumer's death.
Complaints Response Process	Establishes the process for responding to telephone complaints received from the Office of Consumer Affairs.
Outline for Fail Safe Protections	Ensures consumer safety (e.g.,guidelines for staff training requirements, communicating with parents/guardians, protecting resident rights).
Supplemental Abuse & Neglect Protocol for Children	Ensures safety of children who may be at risk of abuse and neglect. It prescribes procedures to follow when Regional Center staff working with a child suspect abuse or neglect is occurring.
Referrals to State Operated Habilitation Centers	Outlines procedures/documentation requirements concerning admissions and discharges to and from Habilitation Centers, as well as documentation and meeting requirements regarding individuals while they are at the Habilitation Center.
Individual Planning Requirements and Person Centered Planning Guidelines	Establishes the standard requirements and guidelines for the person centered planning process and the content of individual service plans for consumers served by the Division.
Utilization Review	Prescribes the process by which Regional Centers will review individual plan budgets in order to recommend funding levels.
Consumer Absences	Ensures consistency at all Regional Centers regarding consumer's absence due to hospitalization or rehabilitation.

Status: Progress has been made in a number of areas of quality management. The state Division of MRDD has developed an overall quality management plan that focuses on discovery, remediation, and systems improvement. The Division also has a Quality Management staff structure to support this plan. Infrastructure improvements still need to be made to the systems that would support trending and sharing of information. In addition, infrastructure needs to be developed to support the application of the Quality Outcomes Guidelines developed by the Division, to support consumer self-report on quality outcomes and service satisfaction, to enhance the inclusion of healthcare information into the system, and to support reporting and sharing of information.

Issue #7: Status of Development of Information Technology

IT Projects aimed at transitioning and supporting consumers in the community include: ***APTS: (Action Plan Tracking System):*** The APTS application is now deployed statewide and will soon be on its second revision due to refinement in criteria. This system is used by Regional Center staff to track issues identified through quality management functions that require action. Issues tracked include health, safety, rights, services, and money.

Consumer Referral System: This system is currently in development and will be piloted in the second half of 2005. This system manages consumers waiting for services as well as consumers transitioning from Habilitation Centers to the community. All consumers who have been identified to move to the community, or who are on a waiting list for community services, will have a profile in the system that identifies their level of care and other personal requirements. This profile will be searchable and viewable by interested community providers who can contact the Regional Center to obtain more information.

HIPS (Health Identification and Planning System): Records and tracks health related issues and corrective plans for community providers.

IITS (Incident and Injury Tracking System): This system tracks all reportable incidents that occur to DMH consumers whether they are in a community setting or in a state run institution. This system is currently being expanded to include a broader range of incidents where formerly it was only used to track incidents that resulted in an abuse/neglect investigation. Upon completion, this system will be integrated with the statewide demographic and billing system now being developed (CIMOR).

CIMOR (Consumer Information Management, Outcomes and Reporting): CIMOR is a comprehensive, statewide application being developed by the Department of Mental Health that will replace nearly all current statewide systems in one integrated package. Functions include consumer demographics, diagnosis, assigned clinicians, services and procedures, service authorizations, assessments, provider management, accounts payable, accounts receivable and financial eligibility. CIMOR will be expanded in future versions to include treatment and habilitation planning.

Status: Advances have been made in working to create an Information Technology infrastructure that supports state Quality Management programs. This system needs further refinement and improvements in areas related to consumer quality outcomes and healthcare information, and allows for the sharing of this information between agencies. In addition, information technology infrastructure needs to be developed that improves access to information related to community resources and further supports informed choice making and self-directed services.

Issue #8: Status of Rebalancing of Funding Efforts Between Institutions and Community Based Services

Show-Me-Change Report: In 1997 the Missouri Planning Council for Developmental Disabilities issued a report titled "*Services and Supports for Missouri's Citizens with Developmental Disabilities: Where the Dollars Come From and Go To"*. This report was updated in 2004. The report was an analysis of services and funding for people with developmental disabilities between institution and community based services. A copy of this updated report is contained in **Appendix K.** Following are a number of relevant excerpts from the report.

. • Expenditures for congregate services (i.e., services in facilities that serve 16 or more persons) declined slightly during this period while spending for community services (e.g., community residences, day programs and family support) increased by roughly one percent. In contrast, nationwide, total spending for developmental disabilities services in the same period increased by about 24% in real dollar terms.

. • In 1997, about 37% of Missouri's developmental disabilities expenditures were devoted to congregate services, principally at the Habilitation Centers. By 2002, the proportion of spending earmarked for congregate services in Missouri had declined to about 33%. Nationwide, 22% of total developmental disabilities expenditures underwrote congregate/ institutional services, a significantly lower percentage than was the case in Missouri. In order to match the nationwide distribution of expenditures, Missouri's congregate/institutional spending would have had to have been one-third lower in 2002 and its spending for community services about one-sixth greater.

. • In 1997, we noted that the number of individuals with developmental disabilities in Missouri served by Medicaid-funded general purpose nursing facilities was well above the nationwide norm. Except when utilized for post-hospitalization stays, nursing facilities are not appropriate settings for persons with developmental disabilities. In 2000, there were approximately 1,100 individuals with developmental disabilities served in general purpose nursing facilities in Missouri. In 2002, Missouri's rate of utilizing nursing facility services for persons with developmental disabilities was 19.5 persons per 100,000 in the general population. This rate was 58% greater than the nationwide rate of 12.3 persons per 100,000 in the general population.

Current Division of MRDD Rebalancing Initiatives: The Division of MRDD obtained approval from the Mental Health Commission on March 11, 2004 to implement the Division's Five Year Plan to reduce Habilitation Center bed capacity by 264 beds. These bed reductions will occur by identifying Habilitation Center consumers that could be served effectively with the appropriate community support services. The money to purchase the necessary community support services to allow

these consumers to be successful in the community will come from the Habilitation Center budgets. The Habilitation Center funding is flexible and can be used to purchase community support services during the fiscal year and then transferred during the next budget cycle. The Division estimates over $11.1 million will be transferred from the Habilitation Center budgets into MRDD Community Programs as a result of this bed reduction.

The Division is also in the process of closing the Bellefontaine Habilitation Center which serves over 300 consumers. This will reduce Habilitation Center bed capacity by an additional 248 beds. The Five Year Plan included a reduction of 110 beds from Bellefontaine's census of 358 beds. The additional reduction of beds will require the Division to identify additional Habilitation Center consumers that could be served effectively with the appropriate community support services. The money to purchase the necessary community support services to allow these consumers to be successful in the community will come from the Bellefontaine Habilitation Center budget. The Habilitation Center funding is flexible and can be used to purchase community support services during the fiscal year and then transferred during the next budget cycle. The Division estimates an additional $10.4 million will be transferred from the Bellefontaine Habilitation Center budget into MRDD Community Programs as a result of closing this facility.

The Division is currently in the process of privatizing state operated waiver sites in St. Louis, Poplar Bluff, Nevada and El Dorado Springs. The privatization will impact 71 consumers that are currently receiving direct support services provided by Habilitation Center staff. The new providers will assume service delivery on September 15, 2005 for all 71 consumers. This reduction of community services provided by the state will allow Habilitation Center resources to be transferred to MRDD Community Programs. Approximately $2.3 million will be transferred to purchase appropriate community support services. In addition, the Division of MRDD plans to study the feasibility of privatizing services provided through Regional Centers.

These three current projects will rebalance the current Habilitation Center vs. community program funding by over $23.8 million over the next three years. This represents over a 20% decrease in Habilitation Center's appropriated funding. With the combination of the Five Year Plan and the closing of Bellefontaine Habilitation Center, Missouri will have approximately 735 Habilitation Center beds. The July 1, 2003 census for all Habilitation Centers was 1,247.

Wait List Information: Attached in **Appendix L** is a table that contains statewide wait list information as of March 31, 2005. There are 424 Medicaid eligible individuals waiting for residential services and 1,508 Medicaid eligible individuals waiting for in-home services. Senate Bill 266, passed in 2003, required the Division of MRDD to develop a plan for eliminating its waiting lists for services and to reduce waiting time to no more than 90 days for new requests. Contained in **Appendix M** are excerpts from the plan developed in response to this legislation.

Money Follows the Person Legislation: Through House Bill 10, flexible funding is available to residents of state operated ICF/MR facilities and enables funding to follow the individual to the community. The House Bill 10 Habilitation Center language states "For the purpose of funding {name of the Habilitation Center} Personal Service and

Expense and Equipment, provided that not more than fifteen percent (15%) of each appropriation may be spent on the Purchase of Community Services and …" The fifteen percent (15%) equates to over $13 million in Fiscal Year 2006. This level of funding would allow money to follow over 300 persons transitioning into the community from the ICF/MR. The Division plans to move over 200 persons in Fiscal Year 2006, therefore the level of funding will be sufficient to accomplish our goal. As individuals move into the community, the Division will use Habilitation Center appropriated funding to pay for the community services.

Status: The State of Missouri has made some progress in creating mechanisms that support money following the person to fund community services and supports. A significant amount of work remains to support rebalancing of the long-term support system and to reduce the number of people with developmental disabilities living in state operated Habilitation Centers. There also needs to be a focus on development of community resources for high cost/high needs individuals that support their successful transitions to the community. This includes the development of access to specialized community services for individuals with complex medical and behavioral needs.

Issue #9: Status of Joint Initiatives between State Housing and Service Agencies

State Overview and HUD Plan: The Division of MRDD supports persons with disabilities in a variety of residential settings. Some of the options include: living with family; independent living arrangements with some training and support; supported living arrangements with one or two others with as much support as needed to live successfully in one's own home; and, certified foster homes or family homes for one or two children or adults living in the same home with individuals or families who provide support. Each year the Division serves over 30,000 individuals through its network of Regional Centers. Over 8,500 persons are served in a variety of residential settings. Over 50% of those settings are group homes and RCFs for 7-15 people, nursing homes, private institutions and state operated Habilitation Centers. Over the past three years, there has been an increase in the number of individuals seeking housing and community living options.

Missouri does not have a Department or Division of Housing. Two state agencies, the Department of Economic Development (DED), Community Development Group and the Missouri Housing Development Commission (MHDC) set housing policy and administer a number of U.S. Department of Housing and Urban Development (HUD) grant programs. DED administers the state's Community Development Block Grant funds which can be utilized for a number of housing activities. MHDC is the State's housing finance agency. They are responsible for administering HOME funds that are block granted to the state by HUD. Grant programs such as HOME and Community Development Block grant funds can provide a principal source of funding for new construction and rehabilitation of housing units that meet the needs of people with disabilities and elderly citizens. MHDC also administers the Missouri Housing Trust Fund program and Low Income Housing Tax Credit programs. The Missouri Department of Health and Senior Services administers the Housing Opportunities for Persons with AIDS (HOPWA) program and the Department of Mental Health administers a

number of Shelter Plus Care (SPC) Homeless Assistance grants.

At the policy level, the Department of Economic Development coordinates and prepares the State of Missouri Consolidated Plan for HUD. The Consolidated Plan is the single planning document for all funds received by the state from HUD. Those funds include: Community Development Block Grant (CDBG), HOME Investments Partnership Program, Emergency Shelter Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA). The plan recognizes the need for increasing affordable housing options for disabled individuals and their families. The plan makes recommendations for increasing housing options for persons with disabilities:

. • Increase funding for the Missouri Housing Trust Fund and assure that a portion of those funds serve people with disabilities

. • Develop and implement housing rehab activities to assist consumers in maintaining their home

. • Increase the supply of affordable housing

• Increase awareness of ADA laws and discrimination laws through education

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. • Increase the supply of affordable housing

. • Increase awareness of ADA laws and discrimination laws through education

At the local level, a number of additional housing options exist. Public Housing Agencies manage a number of housing units and often have units set aside for elderly and disabled citizens. In rural communities, the U.S. Department of Agriculture, Rural Development has developed a number of units for seniors. Private non-profit agencies are also sometimes involved in the housing arena and apply for HUD Section 811 and Section 202 programs which target persons with disabilities and elderly, respectively.

PIC Housing Initiatives (Excerpt from 2004 Annual Report, see Appendix D): One of the biggest barriers to transitioning from institutions to the community is the lack of accessible, affordable housing. Staff attended the Real Choice Systems Change Housing Forum in Iowa and brought back information to the PIC. The PIC formed a Housing Committee to begin the process of collecting information on housing resources and options. The Housing Committee arranged presentations by the US Department of Housing and Urban Development, the US Department of Agriculture, and the Missouri Housing Development Commission to the PIC at the July 26, 2004 meeting. The Committee then worked on a Housing Resource Guide, modeled after the Guide to Home and Community-Based Services. The Housing Resource Guide outlines the housing options and services that are available to people with disabilities and seniors.

Home Of Your Own: The National Home of Your Own (HOYO) Alliance is a partnership between the Federal government and nationally recognized advocates and

leaders whose goal is to create housing and support opportunities that people control and choose. Spearheaded by the Missouri Planning Council for Developmental Disabilities and the University of Missouri Kansas City Institute for Human Development, a broad-based, multi-disability coalition was formed. In October 1995, Missouri was selected as one of five new states to participate in the National Home of Your Own Alliance. Missouri's initiative was unique among those of other states because efforts are hinged on the personal futures planning process. This process ensures that a person's housing needs and wants are being met at the start of the process as opposed to second-guessing those needs. After the planning sessions were conducted, staff assisted persons to link with realtors to find affordable property.

Status: The state has piloted initiatives related to home ownership and published informational resources related to housing programs and assistance. Barriers still exist related to access to accessible, affordable, and universally designed housing. There is also a need to more clearly separate housing from a consumers need for support.

Issue #10: Current Level of State Inter and Intra agency collaboration: Progress and Barriers: Missouri has numerous state collaborations that exist to address the long-term support needs of it's citizens with disabilities. Following are few examples of collaborations that focus on infrastructure improvements and Medicaid waiver services:

> ***Independence Plus Initiative:*** The Independence Plus Project has a task force comprised of 22 members. Thirteen of those members are self-advocates or parents of individuals with disabilities, the remaining members represent Direct Support Professionals of Missouri, state agency staff from the Division of Mental Retardation and Developmental Disabilities, Division of Medical Services, Department of Health and Senior Services, Independent Living Centers, Missouri Planning Council for Developmental Disabilities, Missouri Association of County Developmental Disabilities Services (MACDDS), Missouri American Network of Community Options and Resources (MoANCOR), and the Institute for Human Development, University Center for Excellence, as well as other stakeholders. These individuals and organizations are collaborating on a number of pilot initiatives to improve self-directed supports and services.

Personal Independence Commission: The Personal Independence Commission (PIC) has completed its third year of work. As established in Executive Order 01-08, which was signed by Governor Bob Holden on April 10, 2001, the PIC is charged with advising the Governor on necessary policy and program changes to assure that Missourians of all ages and disabilities have access to a range of community support services. The PIC includes individuals with disabilities, family members of people with disabilities, senior citizens, advocacy groups, the lieutenant governor, four members of the general assembly and representatives from the Departments of Social Services, Mental Health, Health and Senior Services and Elementary and Secondary Education. Tasks during the past year focused on implementing the Special Projects Team Action Plan in the areas of common application/assessment information, transition from institutions, assuring community options, and the Real Choice Systems Change grant. **Appendix D** contains a copy of the 2004 PIC Annual Report.

Missouri Planning Council for Developmental Disabilities (MPCDD): MPCDD is a

federally funded, 22-member, consumer-driven council appointed by the Governor. Its' mandate is to plan, advocate for, and give advice concerning programs and services for persons with developmental disabilities that will increase their opportunities for independence, productivity, and integration into communities.

Interagency Waiver Agreements for Children in the Care and Custody of the State: The Divisions of Children's Services and MRDD have an interagency agreement that allows children in the care and custody of the Children's Services Division, who have mental retardation and developmental disabilities and meet ICF/MR level of care, to participate in residential waiver services through the Comprehensive MRDD HCBS Waiver. Through this agreement, Division of Children's Services is able to place children in its care and custody with providers trained to serve individuals with developmental disabilities. Financial arrangements allow Children's Services to use its funds as state match for services accessed for kids in its care and custody. When the children are no longer in the care and custody of the State, most are appointed guardians and continue services through the MRDD HCBS Waiver at the Division of MRDD's expense. Nearly 200 children are served annually through these agreements. The interagency agreement that allows two state agencies to share access to this funding source has been mutually beneficial. It is anticipated the program will expand in FY'06 so more children are served.

Status: The state has a strong history of inter and intra agency collaborations. These have taken many forms and have included collaborations related to statewide systems change initiatives, collaborations on state level commissions, and development of cooperative agreements. Remaining challenges include fully implementing state Olmstead recommendations such as improving the IT infrastructure to share information between agencies and supporting the transitions of individuals from state institutions and nursing homes to the community.

Issue #11. Real Choices Systems Change Grants

There have been many Real Choices initiatives facilitated through the work of the state PIC. The PIC continues to work on and address barriers to developing the state long-term support infrastructure, especially as it relates to supporting transitions to the community. Their ongoing work continues in areas such as housing and information sharing between state agencies. Following is a summary of some of the accomplishments of the Real Choices grants:

Title	Description
Identification of Department Database Dictionaries	Office of Information Technology worked with Departments of Health and Senior Services, Mental Health, Social Services and Elementary and Secondary Education/Vocational Rehabilitation to create a multi-agency data dictionary. One of the recommendations in the Olmstead Plan was to reduce the amount of paperwork and the number of times a consumer has to provide basic information. The Multi-Agency Data Dictionary project is now complete. Agencies have signed Memoranda of Understanding to use the same data standards. To make the project operational, a request has been made for a budget of $3.4 million.
Universal Assessment	The Division of Vocational Rehabilitation (DVR) and Department of Health and

Tool	Senior Services agreed to accept the assessment of each other's agency. The assessment tool (DA-2) allows consumers to switch from consumer-directed DVR programs to an in-home service agency (DHSS) model. This has helped to streamline the system.
Informed Consent Training	A training manual was developed by the Informed Consent Committee and training conducted throughout the state on how to address informed consent for community living with individuals with disabilities.
Independent Projects	Four projects were funded through Real Choices: (a) Paraquad: Case management for individuals transitioning from nursing homes to the community (with peer telephone assistance); (b) Crider Center: Support groups for individuals seeking employment and employer training; (c) People First: training by self-advocates on self-determination and informed choice; (d) Willow's Way: Individualized planning including entrepreneurship.
School-Based Services	Survey of all school districts to identify current Medicaid use for school dental, medical and behavioral health services, what services are available in general and how the school could best utilize Medicaid for school-based services.
Community-Based Programs	Community-based programs throughout the state that serve persons with disabilities were identified. A resource guide was developed that included many details about each program.
Transportation Guide	Extensive transportation guide developed for each region of the state.
Web-based Resource	Recourse guide developed for web-based use for persons with disabilities.
Real Choices Consumer Perceptions	Survey of consumers about choices they see in their lives.
Real Choices: Provider Perceptions	Survey of providers of what they see as the choices in the lives of people with disabilities
Focus Groups	Focus groups were held throughout the state regarding the choices or lack of them for persons with disabilities.
Cash and Counseling	A four session (2 days each) work group meeting focused on how the state could implement a Cash and Counseling program.
Aging in Place	Nurse Coordinators followed individuals in the community with case management and those in nursing homes. The end result showed that those in the community had significantly better clinical outcomes (e.g., cognition, depression, ADL, incontinence).
Home and Community Based Guide	Extensive guide on state and regional services to persons with disabilities, distributed statewide
Self-Directed Support	Evaluation of a self-directed support program using Personal Care Assistants
Waiting List Committee	Waiting List Committee developed guidelines for the establishment of waiting lists across the Department.

Issue #12: Other Pertinent System Reform Grants: Progress and Barriers

Following are summaries of two additional planned and current systems change initiatives. An additional challenge experienced by the state has been the recent cut in funding for the state Medical Assistance of Workers with Disabilities Program (Medicaid Buy-In). To address this need, the state plans to conduct a review of the impact of this past program and use the results to support additional advocacy efforts

to develop and implement an alternative program.

Mental Health Transformation Grant: The state has applied to the Substance Abuse and Mental Health Services Administration (SAMSA) for a Mental Health Transformation Grant. Transformation of the state's mental health system is a high priority for the Governor. Division of MRDD's role in the Mental Health Transformation Grant relates to services for individuals with co-occurring conditions. If awarded, this grant will provide the opportunity for Missouri to accelerate and broaden its transformation efforts and integrate these efforts into a comprehensive mental health system for all Missourians.

Medicaid Infrastructure Grant: Funded by CMS, this program is designed to support people
with disabilities in securing and sustaining competitive employment in an integrated setting.
Commonly referred to as the state "Ticket To Work" project, the Missouri project has done
extensive work in the area of identifying and addressing barriers to employment of people with
disabilities and creating options to improve access to health care.

The state of Missouri will coordinate the MRDD Systems Transformation Initiative with these systems change projects.

Issue #13: Other Barriers that Might Delay Systems Change

One other significant barrier that has not been described within other sections is the issue of recruitment and retention of a quality Direct Support Practitioner (DSP) workforce. The lack of a quality workforce will hinder efforts to transition more individuals from state Habilitation Centers to the community. Following is a short description of the problem and efforts to date to address this issue:

DSP Recruitment and Retention: In 1999, the Missouri Chapter of the American Network of Community Options and Resources (MOANCOR) issued a paper titled "Crisis in Care Report" which called attention to the growing crisis of availability and competency of DSPs within the state. This report noted that the supply of DSPs to provide supports and services for people with disabilities is below acceptable levels and cited the following barriers: (1) competition for workers across other industries, (2) the low reimbursement for direct service providers and correspondingly (3) high rates of turnover. Specific to the issues of turnover, a later study by the Missouri DMH in FY2002 estimated the annual turnover rate of DSPs within the state to be 68%. They also found that only 50% of community contract agencies provided access to health care coverage for their employees and that less than 30% offered other benefits such as dental insurance or retirement benefits. To address this issue, the following actions have been initiated:

. • Receipt of $1.5 million in appropriations from the legislature in order to provide a 1.5% increase to DSP's in FY 2000. Provider agencies were required to match this percent increase. In FY 2001, $2.7 million dollars was appropriated which provided another 3% wage and benefit increase. And in 2002, $9.9 million dollars was

appropriated for a $1.00 increase in hourly wage and benefits for community DSPs.

. • Designed a "system breakthrough" initiative in collaboration with other state agencies that provides services to customers of DMH. One aspect of this initiative is designed to address a number of the current barriers to a competent and available workforce of DSPs.

Issue #14: Approach to Overcome Barriers to Hiring State and Contractual Staff for the Grant

The state of Missouri does not anticipate any problems in hiring the core project staff who will manage and coordinate grant activities within the Division of MRDD or contracting with staff/organizations to implement the various infrastructure development projects planned within each infrastructure goal area. Although the MRDD is not able to increase the number of full-time employees (FTEs) it has, it does not have obstacles in contacting for staff which it is currently doing in some areas. As the state's system is transformed, fewer state employees will be needed. MRDD currently has sufficient flexibility to transfer FTEs as needed, which could include working on system transformation.

Issue #15: Reductions or Increases in Medicaid State Plan Options

Increases:

. • *MRDD Community Support HCBS Waiver* – July 1, 2003, the MRDD Community Support Waiver was approved. This waiver, capped at $20,000 per participant per year, was designed to provide support to individuals living in the community. Most of the participants live with family members who provide a majority of care and oversight, but need some assistance due to the extensive demands of the care that is required or need assistance during the day so they can work. Without the limited supports received, individuals are at risk of requiring placement in an institution. This waiver has allowed the State to divert a number of individuals from seeking placement through the MRDD Comprehensive Waiver.

. • *MRDD Comprehensive Waiver Amendment* – July 1, 2004, the MRDD Comprehensive Waiver was amended to add a new service, Transition. Transition services assist individuals moving out of an institution with start-up costs such as rental deposits, utility deposits, necessary furnishings, etc. Also with this amendment, language was changed in the personal assistant definition to specify circumstances for when an immediate family member (other than spouses and parents of minor children) may be paid as a personal assistant.

. • *Psychology/Counseling Services* – October 1, 2002, Psychology/Counseling Services for adults were added as State Plan services.

Reductions:

- Senate Bill 539 was passed by the 93rd General Assembly, becomes effective August 28, 2005, eliminating certain optional Medicaid services for adults except for those in the categories of assistance for pregnant women, the blind, and nursing facility, and ICF/MR residents:

a. o Comprehensive Day Rehabilitation

b. o Dental Services (including dentures) - Adult coverage is limited to treatment for trauma or disease/medical related
c. o Durable Medical Equipment (**NOTE:** Oxygen and respiratory equipment is covered except for CPAP, BiPAP, and nebulizers)
d. o Rehabilitation Services (i.e. occupational, speech or physical therapy) - eliminated
e. o Diabetes Self Management Training
f. o Audiology-hearing aids and associated testing services
g. o Optical Services (except for one eye exam every two years)
h. o Podiatry Services

Issue #16: States History and Ability to Implement Components to Scale
The state has developed many statewide initiatives including the Independence Plus, Ticket-to-Work, and the Real Choices systems change projects described above. The Division of MRDD has also implemented many state level Quality Improvement initiatives. Here are a few:

Statewide utilization review process: The purpose of the Utilization Review (UR) Process is to:

. • Ensure quality services are fair and consistent statewide
. • Ensure that the plan reflects the individual's needs
. • Ensure levels of service are defined and documented within the outcomes of the plan
. • Ensure plans meet all local, state, and federal requirements
. • Ensure accountability of Public Funds This process applies to MRDD Regional Centers Statewide and began in FY'03. During FY'03, every plan at every Regional Center went through UR . Beginning in FY'04, only new plans and plans that request increases are sent through UR. The policy has formally been revised 3 times during the period of implementation and now is fully implemented.

Statewide web-based waiver slot management system: Slots for the Division's 3 1915(c) waivers are managed statewide through a web-based application. Since 11 Regional Centers serve as the point of entry for services without a centralized slot management system, it became difficult to manage the slots statewide. The centralized data-base allows reports to be generated and data to be monitored. Actual slot utilization can be determined within minutes by querying the system. This system has saved staff hours both in the field and in central office in manually tracking the use of slots.

Statewide web-based TCM monitoring system: This is a web-based application that allows
supervisors at Regional Centers to monitor logging by case-managers, of Targeted Case
Management services that are provided, and input the results in a central data base. Statewide
reports can be generated. From the data, training needs can be identified and action

taken.

Regional Center Quality Improvement Teams: As described previously, each Division of
MRDD Regional center has a Quality Improvement (QI) team. The duties of the team defined
in a broad sense are to coordinate and facilitate the implementation of the division's quality
management functions and training initiatives at local levels. This is a state level system.

Issue #17: Laws and Regulations Implemented to Further Systems Change
Following is a summary of some of the legislation that has pasted during the last 3 years that have created systems changes in the state:

Bill	Change
2005 Bills	
HCS/SCS/SB 100	Requires licensed speech-language pathologist and audiologists to have a degree approved by a regional accrediting body.
HCS/SCS/SB 238	Modifies some of the ballot language to allow for lawful collection of the revenues derived from the local sales tax. The "Community Children's Services Fund" is created.
SB 501	Established an "Office of Comprehensive Child Mental Health" within the Dept. of Mental Health to implement a comprehensive mental health service system plan.
SB 518	Creates the Assistive Technology Trust Fund, which will consist of gifts, donations, grants, and bequests from individuals or groups given for the purpose of AT.
SB521	Expands the membership of the Community Service Commission to include the Lieutenant Governor or his or her designee.
SB539	Modifies certain provisions dealing with various health care and social service programs (e.g., Medicaid, MO Senior RX, and PCA programs). Sunsets the current Missouri Medicaid program June 30, 2008.
2004 Bills	
SCS/SB1003	Required the Dept.of Mental Health in partnership with all child serving departments to develop a comprehensive children's mental health service system.
HS/HCS/SCS/ SB 1160	Establishes the Prescription Drug Repository Program within the DHSS.
SB1274	Establishes MO Area Health Education Centers program, designed to improve availability and quality of health care personnel and to promote access to primary care for medically under-served populations.
2003 Bills	
SB0266	Required Dept. of Mental Health, Division of MRDD to develop a plan to address the needs of persons on waiting lists for services. Section 633.032 requires plan to emphasize partnership between developmentally disabled individuals and their families, including waivers, analysis of budgetary and programmatic impact of providing mental health services to children, and an analysis of the feasibility of securing federal funds.
SCR 11	Directs DHSS with Department of Insurance and any teaching hospital under control of

	public universities in MO to evaluate the establishment of a Comprehensive Patient Education and Healthcare Cost Improvement Program.
SCR 13	Creates a subcommittee within Joint Committee on Legislative Research charged with investigating ways to reduce costs to state government and increase quality of services to citizens through utilizing private resources.
HB 855	Changes laws about insurance coverage for mental illness and chemical dependency requiring all health plans or policies that are individually underwritten or that provide coverage for specific individuals and their family members to include coverage for the treatment of alcoholism.

In summary, the above information provides a detailed account of the status of the state of Missouri in relation to the 17 transformation assessment issues. The Appendix contains a variety of supporting documentation to the issues summarized above.

Part Two: Current Level of Transformation

Level of Transformation and Rationale: It is our assessment that the state of Missouri would be at level two transformation, ***Mid-range transformation***. Many of the reforms described above have a primarily focus on people with developmental disabilities and reforms within the state Division of MRDD. However, there are a number of reforms that have occurred with cross disability and cross agency groups. Many of these reforms have been initiated through the collaborations and initiatives of the state PIC. A Profile of Current Reforms (Table 1) provides a summary of reforms accomplished, populations and agencies impacted, and reforms in progress or needed:

Table 1. Profile of Current Reforms

Reform Area	Reform Accomplished	Populations and Agencies Impacted	Reforms in Progress or Needed
One-Stop System	• Single point of contact • Latino One-Stop	• People with D.D. and Division of MRDD • Latinos with DD	• Sharing of information between agencies. Multi-Agency Data Dictionary in progress through PIC
Self-Directed Services	• Person centered planning • Self-directed personal care options	• People with D.D. and Division of MRDD • Cross Disability and Division of Senior Services	• Current Independence Plus initiative piloting a number of self-directed options that have not yet resulted in state level reform
Quality Management	• QM system partially implemented	• People with D.D. and Division of MRDD	• Improvements needed in area of consumer outcomes/satisfaction, provider information, and healthcare data, integration of functions, sharing of results, and ongoing system evaluation

Information Technology	• IT system to support QM system partially in place	• People with D.D. and Division of MRDD	• Improved IT infrastructure to support informed choice making and peer-to-peer support • Improvement of systems related to consumer and provider quality outcomes and sharing of information with state Medicaid agency
Funding for Community Living	• Money follows the person legislation • Use of fiscal intermediaries • Plan to downsize state Habilitation Centers	• People with D.D. and Division of MRDD	• Rebalancing of Long-Term Support System (Habilitation Centers to Community) • Community Support Infrastructure for High Cost/Need Individuals: oTelehealth oCrisis Response oDSP Training oPeer Mentoring
Affordable and Accessible Housing	• Home of your own initiatives • Housing Resource Information	• People with D.D. and Division of MRDD • Cross Disability and Agencies	• Development of Individualized Housing Options that Separate Housing from Supports • Increase in Supply of Universally Designed Housing

While the state recognizes work is important in all 6 reform areas, this project will focus on addressing reforms in 3 of the above reform areas the state finds present the greatest barriers in moving forward with improvements in community long-term support systems. A Rationale for Goal Selection (Table 2) provides an overview of why these areas were selected.

Table 2. Rationale for Goal Selection

Reform Area	Selected (Yes or No)	Rationale
One-Stop System	No	Single point of contact already exists and the state Personal Independence Commission is addressing issues related to sharing of information and eligibility systems
Self-Directed Services	No	Current Independence Plus project is addressing and developing self-directed service options
Quality Management	Yes	Need to develop a more integrated comprehensive system that improves collection, sharing and evaluation of QM information in a number of critical areas
Information Technology	Yes	Need to further develop and implement an Information Technology system that support the Quality Management system and provides access to needed information to support informed choice making and self-directed services
Funding for Community Living	Yes	Need to rebalance long-term support system by supporting the transition of high cost and high need individuals from state Habilitation Centers to the community. Infrastructure needs to be further developed that supports these transitions

Affordable and Accessible Housing	No	Though there is a need to further address the issue of housing, cross agency collaborations regarding access to affordable and accessible housing are occurring under the umbrella of the Personal Independence Commission

We feel that the transformation areas selected in this proposal, the strategies and infrastructure improvement projects identified within these transformation areas, and the stakeholder partnerships formed to address these infrastructure improvements support the overall goal of this initiative which is *"to support people with developmental disabilities of any age or payer source to live in their communities through maximized independence, dignity, choice, and flexibility*."

In addition, after reviewing Eiken 2004, we believe we have met several conditions that are common factors of system change. We have a governor (political champion) who is in a significant budget crisis (precipitating event) and has directed his major state agencies to prepare a plan for change that will demonstrate a shared vision with participant involvement.

Part Three: Transformation Goals and Outcomes

The following goals and related objectives have been selected as the focus for

systems transformation because they address the major barriers to the development of a more coherent system of long-term care supports in Missouri that have been detailed above. This project will focus on creating the infrastructure needed to:

. • Develop an integrated comprehensive Quality Management system that includes improved measures of outcomes for both consumers and providers

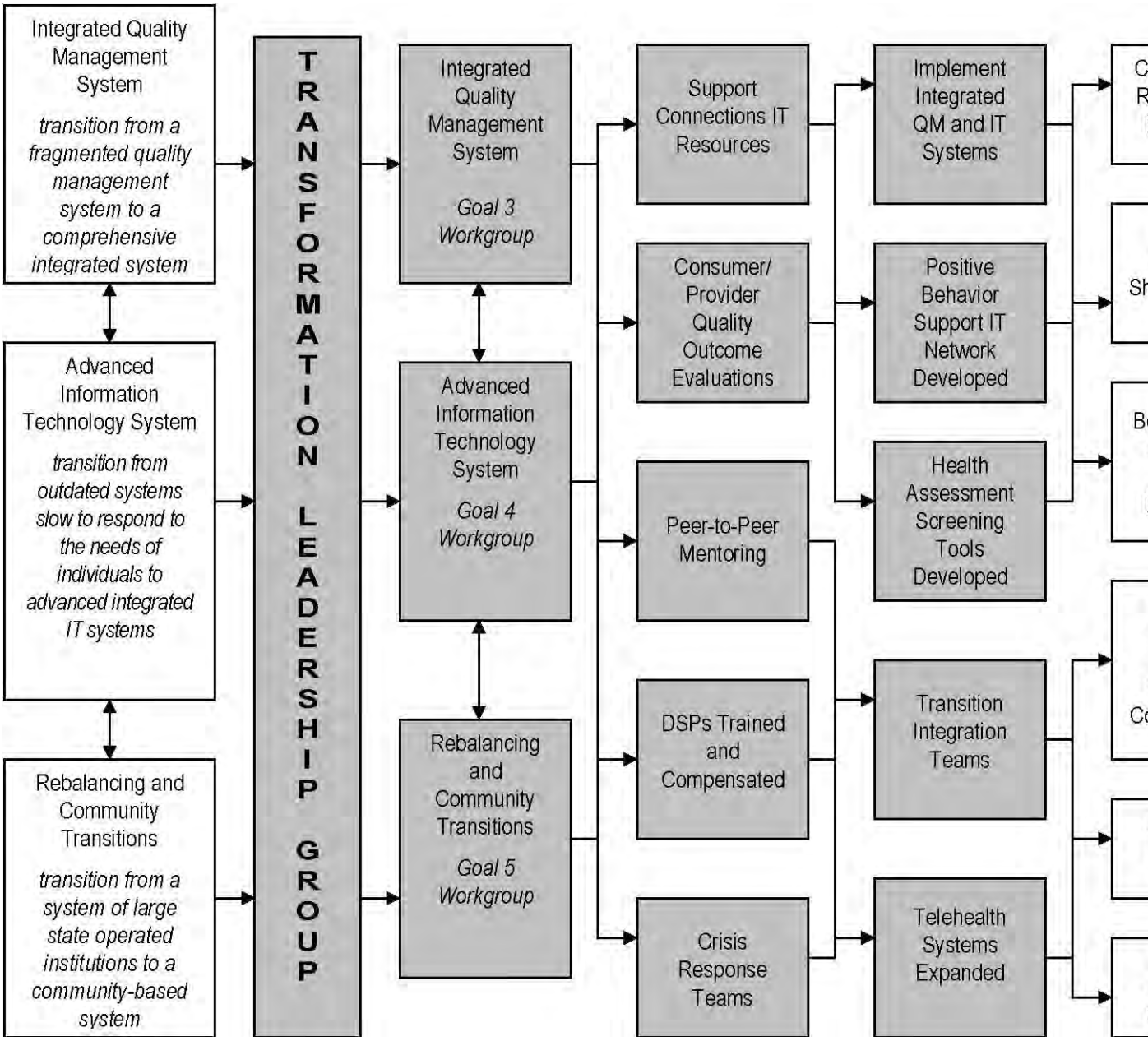
. • Develop advanced Information Technology systems that fully integrate Quality
Management databases and provide ready access to information and resources, and

. • Rebalances the long-term community support system through facilitating the transitions of

individuals in state operated institutions to community services and supports. A System Transformation Logic Model (Table 3) describes how these above needs will be addressed through infrastructure improvements that ultimately result in an improved quality of life for individuals with developmental disabilities in Missouri.

Table 3. Systems Transformation Logic Model

Needs	Inputs	Outputs
		Outcomes
		Short-Term Long-Term



Improved Qualityof Life

Access⇮Information and Peer Support

Financing⇮
Transitions from Institutions to Community

Services⇗ Quality Direct Support Providers and Community Resources

Quality Improvement⇗
Quality of Life Information and Responsive Systems

The following are preliminary strategies that we have identified to address these barriers. These strategies will be refined and expanded through the strategic planning process described in Part Four of this proposal. To support the implementation of the strategies outlined to address each transformation goal, we plan to develop workgroups related to each transformation goal area. These workgroups will be responsible for the implementation of plans created within the strategic planning process. The workgroups will work with a consultant who is contracted to support planning and infrastructure improvement and development. A description of these workgroups and the stakeholders involved is outlined within the "Stakeholders" section of each goal description.

GOAL 3: DEVELOPMENT OR ENHANCEMENT OF COMPREHENSIVE QUALITY MANAGEMENT SYSTEMS

Rationale: The Missouri Division of MRDD has made progress in a number of areas of quality management (QM). An overall QM plan that focuses on discovery, remediation, and systems improvement has been developed (see **Appendix H**), statewide quality improvement teams have been created, and Quality Outcome Measures for consumers and providers have been developed. However, the state needs support to further develop, integrate, and implement specific elements of the system in order to ***transition from a fragmented quality management system to a comprehensive integrated system*.**

Specific areas of the QM infrastructure that need attention include:

. • *Increase Participation of Stakeholders in Review of the Overall QM System:* For the QM system to be effective, consumers, families, and other stakeholders need to be invested in the system and the QM system needs to produce information and data that is meaningful to these constituencies.

. • *Integration of all the components of the system.* Mechanism to effectively utilize the data from each of the systems will be implemented.

. • *Utilizing Fully the Missouri Quality Outcomes as Measures for Consumers and Agencies in the System:* The current QM system incorporates a consumer and peer review process conducted through a network of volunteers, however, the funding to support their work has recently been eliminated. The Division of MRDD would like to design a new QM infrastructure that incorporates the Quality Outcome Guidelines for consumers and providers that has been developed by the Division of MRDD. For these measures to be meaningful they need to become a part of the overall QM program.

. • *Enhance the Healthcare Monitoring Components of the System:* The state currently collects some information related to the health and well being of consumers served through the Division of MRDD. However, there is no method to analyze, follow trends, and report this information. In addition, as the state transitions more individuals

with significant healthcare needs from its' state operated Habilitation Centers to the community there is a need to enhance the Healthcare QM system.

. • *Create and Disseminate QM Reports for Target Constituencies:* The current QM system does not include a plan to disseminate reports and information to statewide constituencies. This is essential if the Division of MRDD is to document outcomes, respond quickly to make needed improvements, and share information related to these outcomes to legislators, consumers and others.

. • *Develop a Mechanism to Consistently Engage Stakeholders in the Ongoing Evaluation of the System:* A component of the QM plan includes provisions to evaluate the effectiveness of the QM system, but does not consistently include input from stakeholders. This evaluation needs to assess whether the QM system is adequately addressing and providing ready access to

information that support discovery, remediation, and systems improvement. The state needs to
create the infrastructure that is needed to address this area.

The Division of MRDD is at an ideal point to implement these QM components. The existing QM structure includes state level QM staff as well as Quality Assurance Teams at each of its' Regional Centers. The state has the capacity and staff infrastructure to implement a comprehensive QM system but needs assistance to further develop and fully implement this system.

The development of the QM infrastructure integrates very well with other planned infrastructure improvements. For example, development of a comprehensive QM system relies heavily on the use of an integrated Information Technology system. It is impossible to have quality in one without quality in the other. In addition, as the state works to rebalance it's long-term support infrastructure by transitioning more individuals from it's state institutions to the community it is imperative that a comprehensive QM system exists to support monitoring of quality services and to identify and respond quickly to problems as they arise.

The major barrier to development of an integrated QM system has been lack of resources to support planning, testing and implementing the various system components. This grant will allow us to address this need.

Discussion of Strategies: The state will contract with a QM consultant to support it to develop and implement QM strategies (see Technical Assistance Plan in Part Four). Based upon our initial assessment of needs, following are the objectives and related strategies that we will initiate.

Objective 1: Develop and implement a comprehensive quality management strategy, consistent with the state's transformation of its' long-term support system.

Strategy 3.1.1: Conduct a review of the Missouri Division of MRDD's Statewide Quality Management Plan and develop/implement recommendations for system enhancements. *Discussion:* To date, the Missouri Division of MR/DD has been working to develop different aspects of a Quality Management strategy that are outlined

within the Statewide Quality Management Plan. The various components of the system are at various stages of development and a unified strategy that could provide comprehensive data upon which to make informed decisions either at the individual or the systems level does not exist. A Profile of Existing Quality Management Plan (Table 4) lists the elements in force and where further development needs to occur.

Table 4. Profile of Existing Quality Management Plan

System Components	In Force	Pilot/Development
Service Monitoring	Face-to-face visits by service coordinators	Consistency in reporting
Personal Plan Review	Pilot at Kansas City and Hannibal	Being piloted
Health identification Planning System	Screening considerations/ individual; criteria for evaluation; guidance for direct support staff	Some information collected, but not input into system
Mortality Review	Consumer review	Implemented
Incident Response	Abuse/Neglect tracking system and incident/injury tracking system	More systematic reports
Consumer/Peer Review Process	Consumer or peer review of services from consumer perspective.	Consumer satisfaction needs to be computerized
Fiscal Report		In development. Will lead to provider/facility accountability
Licensure,Certification, Accreditation Surveys	DMH Office of Quality Management (serious concerns);	Memorandum of Understanding with CARF being developed
Complaints	Response to complaints	Implemented
Audit Services	Fiscal/management audits; APTS database	Implemented
Waiver Audits	Division of Medical Services; ensure meeting federal requirements	Implemented
Quality Outcome Measures	Measures developed for consumers and agencies	Not fully implemented

What is missing now is the completion of several aspects of the systems and an integration of all the components of the system. In addition, a mechanism to effectively utilize the data from each of the systems should be implemented. This is discussed further under Goal 4 within this proposal.

Another initial step will be the establishment of a Quality Management Stakeholders Group that consists of consumers, families, providers, state agency staff and others who will review each of the current quality management systems. Recommendations will be made as to benchmarks and how to integrate these systems. On a quarterly basis, this group will review the reports that are generated from the integrated database and make recommendations regarding the quality management system, based on the data.

Some aspects of the system that will be enhanced include:

. • A health assessment tool and related database will be developed to improve access to needed quality healthcare information. A functional assessment tool that incorporates information about health and behavior would compliment and expand the quality of existing processes. It would allow us to monitor a consumer's level of wellness and direct resources where needed when an individual's level of wellness continues to decline. If designed appropriately, this could also be used to determine best practice guidelines. This would be further supported through the expansion of the Telehealth Network described on page 41.

. • A Quality Outcomes assessment tool and related database will be developed that allows consumers to self-report information in relation to their satisfaction with quality of life outcomes and the services they receive. The Missouri Division of MRDD has defined a number of desirable outcomes both for people with disabilities as well as agencies that provide them with services and supports (see **Appendix J** for an example of one outcome measure). The Quality Management Stakeholders group discussed above will develop a plan to incorporate these outcomes and quality indicators within the overall QM plan. This will include full utilization of a quality of life assessment tool that was developed using the Missouri Quality Outcomes as the guide and developing a process to obtain self-report information on their quality of life through an Information Technology system.

. • The CIMOR system and its integration of all the databases will be explored with both DMR/DD staff and the IT personnel. The role of the DMR/DD staff and representatives of the Quality Management Stakeholders Group will be to tell the IT personnel the type of information they need to make management decisions concerning both individuals and system issues. The IT personnel will be able to explain the way that the data must be captured in order to achieve those objectives.

. • The reporting system itself will be developed. This will entail the interface with both the IT and DMR/DD staff. Reports should be developed both for internal and external use. They should consider what reports would be useful for consumers, families, providers, state staff and others. Benchmarks will be set up to identify where challenges/problems exist. Some suggested improvements (e.g., algorithms) will be made by the computerized system and the management staff. The result at the end of the five year period will be a computerized form that will describe a quality improvement plan for the individual and one for the entire system.

Objective 2: Develop and routinely disseminate quality management reports to key entities and other stakeholders, including but not limited to state and local agencies, participants, families, other interested parties, and the public.

Strategy 3.2.1: Create and disseminate quality management reports to a variety of targeted audiences through a variety of electronic and print mediums. *Discussion:* The Quality Management Stakeholders Group will, as a part of their QM system review/design, recommend and facilitate the development of reports that provide timely information related to all 7 of the HCBS Quality Framework focus areas. The system would also report outcomes related to all existing QM components identified within Strategy 3.3.1. These include healthcare and consumer outcome measures. This

reporting system will result in frequent analysis, trending, and reporting of information to support ongoing improvements to the system. The dissemination system will: (1) identify target audiences; (2) create milestones; and (3) create formats for reporting. Some of these mechanisms of dissemination will be through print and electronic media. As described above the reporting system will also be designed to support the timely identification and resolutions of problems.

Objective 3: Periodically evaluate the quality management strategy.

Strategy 3.3.1: Fully implement the Statewide Quality Management Plan and evaluate its' effectiveness.

Discussion: The Quality Management Stakeholders Group will recommend procedures for the ongoing evaluation of this system. This will include frequency of review, process to gather feedback on the effectiveness of the system, key stakeholders to be involved in the review, and process for making recommendations for enhancements to the system. Mechanisms will be built into the computer system that will also allow for periodic reviews. On a quarterly basis, the Quality Management Stakeholders Group will review the reports that are developed from the computerized system and other investigative strategies. There will be markers for serious infractions that need to be addressed immediately.

Major Activities Within Goal 3:

- Establish QM Stakeholders group
- Identify QM consultant
- Develop system integration recommendations
- Develop and pilot health assessment tool
- Develop and pilot consumer Quality Outcomes self-assessment tool
- Plan with IT staff for integration of system
- Develop QM reporting protocols
- Create plan for ongoing QM evaluation

Summary of Accomplishments, Outcomes, and Evaluation:

At the end of the 5 year grant period the following QM grant outcomes will be realized:

- An integrated QM system is developed that supports consumer choice and positive systems changes
- QM system incorporates consumer and provider quality assurance measures into the overall QM plan. These measures will be based on the existing Quality Outcomes Guidelines
- Consumers self report quality of life and service satisfaction outcomes in relation to these guidelines
- Providers are assessed on agency guidelines
- A healthcare assessment monitoring tool is developed and implemented
- A QM dissemination plan is developed and implemented
- A QM stakeholders group is formed and a plan developed for ongoing evaluation of the statewide QM system

Outcome Measures: An outcome evaluation will be conducted in relation to these QM outcomes. Outcome Evaluation Measures for Goal 3 (Table 5) describes some of the proposed outcome measures and the process that will be used to collect and analyze data in relation to these outcomes:

Table 5. Outcome Evaluation Measures, Goal 3

Goal 3: Development or Enhancement of Comprehensive Quality Management Systems			
Data	**How/When collected**	**Analysis**	**Expected Outcome**
IHP (individual plan)	Annually; data-base of service codes	Cross tabs	Expenditures for services listed on IHP
Consumer satisfaction and quality of life	Annually at IHP	Frequencies	85% satisfied with services and quality indicators
Provider complaints, audit, abuse/neglect	Annually/database	Frequencies	Providers with complaints red marked
Health screening with Medical expenditures	Annually at IHP	Frequencies	Conducted annually/ full assessment when appropriate; drug reviews
Random review of quality outcome measures with files	Annually	Content analysis of use	Outcome measures profile outcomes (IHP)
Survey of case managers/administrators	Annually; on QM system and report	Frequencies	Profile of usefulness of QM system; 80% satisfied with QM and reports
Quality Management Plan	Annually	Frequency	Was the quality management routinely evaluated

In addition to these outcome evaluation measures, the following evaluation questions and outcome indicators will be addressed within the overall project evaluation. For each indicator we have identified needs that will be addressed, outcomes that will be realized, and the process to measure these outcomes.

Evaluation Question 1: Is the state developing a quality management strategy that, when implemented, will enable the state to measure and report on the systems performance in achieving expected outcomes, meeting the relevant Medicaid waiver requirements and assurances, and measuring?
Outcome Indicator One: Individual Plan – Has the state demonstrated that it has designed and implemented a system to ensure that plans of care for Medicaid HCBS waiver participants are adequate and services are delivered and are meeting their needs? ***Outcome Indicator Two:*** Qualified Providers –Has the state demonstrated that it has designed and implemented an adequate system for assuring that all Medicaid HCBS waiver services are provided by qualified providers? ***Outcome Indicator Three:*** Health and Welfare – Has the state demonstrated that it is assuring the health and welfare of Medicaid HCBS waiver participants including the identification, remediation, and prevention of abuse, neglect, and exploitation?

Mechanisms will be established to assure that the quality management strategy is achieving several goals. Quality Management Evaluation Mechanism (Table 6) describes how this will occur:

Table 6. Quality Management Evaluation Mechanism

Outcome Indicator	Outcomes Achieved	Process to Measure Outcomes
Individual Plan	• Plan developed to incorporate Quality Outcome Measures for consumers into QM plan • 85% of consumers self-report satisfaction with services and quality of life outcomes	• Progress assessed in relation to milestones developed to create system • Database developed to input and analyze self-report information
Quality Providers	• Plan developed to incorporate Quality Outcome Measures for Providers into QM plan • Reliable sample of providers are assessed on agency outcomes defined in Quality Outcomes Guidelines	• Progress assessed in relation to milestones developed to create system • Database developed to input and analyze agency information
Health and Welfare	• Functional assessment healthcare monitoring tool developed • 100% of consumers meeting prior established criteria have healthcare assessments completed and entered into QM systems	• Progress assessed in relation to milestones developed to create system • Database developed to input and analysis healthcare information

Evaluation Question 2: Is the state developing and disseminating quality management reports to participants, families, providers, other interested parties, and the public that enable the appropriate fkey entity(ies) to remedy identified issues and make necessary systems improvements to the system? ***Outcome Indicator One:*** Documented use – have the stakeholders demonstrated use of the quality management reports to develop initiatives to improve services?

The first step will be a process evaluation of whether the state is developing and disseminating quality management reports in a timely manner. The target audience for the report dissemination will be identified. A survey will be sent annually to a wide audience of stakeholders, including the statewide Quality Management Stakeholder Group looking at the types of use of these reports and the results of any changes that were made based on the report findings. At least 90% of the consumers will be satisfied with the reports. At least 75% will have used them in their capacity.

Needs Addressed

Outcomes Achieved

Process to Measure Outcomes

Stakeholders

	• Dissemination plan developed		
assessed in Demonstrate Use of		• Progress	
milestones Quality		relation to	
create Management	• 90% of stakeholder groups targeted in dissemination plan report they are satisfied with the content and format of the QM reports	developed to disseminati	
on plan Reports			
		• Surveys and interviews of target stakeholder groups	
	• 75% using them in their capacity		

Evaluation Question 3: Does the state have a process by which it routinely evaluates the effectiveness of its quality management strategy?
Outcome Indicator One: Does the state regularly conduct an evaluation of the quality management strategy to determine its effectiveness?

Within one year of the commencement of this grant, the state will have a clear evaluation process. This process will look at the elements described in the charts above and others identified by the Quality Management Task Force and management staff. Clear timelines and identified key entities (persons) responsible for each component of the evaluation will be delineated. The timeframe that the state actually conducts the evaluation of the quality management system will be determined. This will be documented.

Needs Addressed	**Outcomes Achieved**	**Process to Measure Outcomes**
State Regularly Conducts an	• 80% of users satisfied with	
by Evaluation of the Quality		• Completed report

QM system and reports

stakeholders

group Management System

• QM statewide plan

• Review of revised includes provision for

statewide QM plan

ongoing review

Description of Key Stakeholders: To support implementation of the strategies outlined in this goal, it will be imperative to have buy-in and support at a variety of levels. It will also be important that there is an ongoing structure that can support continuous quality improvement and ongoing review of the statewide Quality Management plan. To address this need, we will create a Quality Management Stakeholders group as outlined in the preceding strategies. This level of organizational change will support successful systems transformation in this area. Commitment from stakeholders will be developed through the strategic planning process. Through this process stakeholders will be engaged in planning for improvements in the Quality Management system and identifying the types of leadership that are needed to support these changes. Through this process they will begin to "own" the improvements to the system that are outlined in this proposal.

For true "buy-in" to occur the stakeholders must see and experience the benefits of the QM system. Through the improved QM system consumers, families and others will have improved access to information and reports that address their individual needs for information (e.g. quality of life outcomes). The process evaluation described in Part Four of this proposal outlines a process of obtaining feedback from users of the system and using this feedback to guide ongoing improvements to the QM system. The following table identifies the type of stakeholders who will need to be engaged in this process to create the needed changes and who will serve as members of the QM Stakeholders Group.

Category of Stakeholders	**Specific Stakeholder Groups/Individuals**	**Role**
Executive/Legislative	Governor's Health Policy Analyst	Coordination with overall efforts to transform state government
State Agencies	Quality Assurance Staff from DMH Divisions and Division of Medical Services	Integration of quality management systems across Divisions and Departments
Community Agencies	MACDDS, Various Community Providers	Advise on QM measures and procedures related to community providers

Consumer, Advocacy, and Family Groups	People First, Missouri Planning Council, ARC of Missouri	Advise on QM measures and procedures that address consumer quality of life

GOAL 4: TRANSFORMATION OF INFORMATION TECHNOLOGY TO SUPPORT SYSTEMS CHANGE

Rationale: The Division of MRDD has made some progress in developing an information technology system to support its' current QM system. However, there still exists barriers to refining, testing, integrating, and fully implementing this system. The state also needs to plan for the integration of this system with other state systems to support sharing of information and data. This is of particular importance in regards to the state Medicaid agency. In addition, there is a need to develop information technology systems that support individuals to make informed choices, self-direct their own supports, and improve access to needed supports and services across the state. To support this, the state needs to ***transition from outdated technology systems slow to respond to the needs of individuals to advanced integrated information technology systems***. Specific areas that will be a focus for infrastructure development and improvements include:

. • *Develop an Online Consumer Quality of Life and Service Satisfaction System.* There is a need to create an online mechanism for consumers to self-report information in relation to their satisfaction with quality of life outcomes or the services they receive.

. • *Creating an Online Supports Connection Resource:* For individuals to effectively self-direct their own supports they need access to information such as the qualifications of provider agencies, directories of person centered planner and service brokers, and access to quality DSPs and respite care providers.

. • *Developing a Resource Network for Positive Behavioral Supports:* There is a growing need in the state to create an information technology infrastructure that provides access to information and supports for individuals transitioning from institutional care to the community and those who are at risk of institutionalization. Many of these individuals have significant behavior and communication disabilities such as individuals who have autism. The plans for the creation of a resource network infrastructure are in place but additional support is needed to build the infrastructure and implement the system.

• *Implementing the State Action Plan Tracking System (APTS):* Barriers to refining, testing, and fully implementing this system need to be addressed. These include collecting and sharing consumer satisfaction and healthcare data and integrating IT systems with the QM systems. The ability of this system to share information with other state systems also needs to be addressed

(e.g. State Medicaid agency). In addition, staff training programs need to be developed to support implementation.

. • *Developing an Information Technology "Score Card" System:* This system would address the need to develop and report outcomes related to performance measures for both state and private agencies.

The Division of MRDD is ready to implement these enhanced IT components. The existing IT staff have been working to develop specific components but need

assistance with integrating this system with the QM structure and developing systems that can share information between agencies.

The development of the IT infrastructure integrates very well with other planned infrastructure improvements. For example, development of a comprehensive QM system described under Goal 3, relies heavily on the use of an integrated IT system. In addition, as the state works to rebalance it's long-term support infrastructure by transitioning more individuals from it's state institutions to the community, an improved IT system is needed to support reporting of QM outcomes so problems can be addressed as they arise. An improved system is also needed to support individuals to identify and access needed services and supports in an efficient and self-directed manner.

As mentioned previously, the major barrier to development of this IT infrastructure are resources to plan and implement the various system components including integration with other state IT systems. The resources provided through this grant will allow us to address this need.

Discussion of Strategies: The state will contract with an IT consultant to support it to develop and implement the IT strategies outlined below (see Technical Assistance Plan in Part Four). Based upon our initial assessment of needs, following are the objectives and related strategies that we will initiate.

Objective 1. Design IT applications that will support program practices and processes that are individual-centered and enable persons to direct their own services.

Strategy 4.1.1: Develop an online consumer quality of life and service satisfaction system. *Discussion:* There currently is no mechanism for consumers to self-report information in relation to their satisfaction with quality of life outcomes or the services they receive. A process needs to be developed that is individual-centered and allows reporting of this information from an individuals' perspective, not the systems perspective. The Quality Outcomes assessment tool that was described under Goal 3 will be developed in a format that allows it to be completed online by consumers and their families. The system will be piloted and developed in partnership with state People First Chapters and other consumer/parent groups. Following its' development and testing a training curriculum will be developed to train Regional Center staff, consumers, and families on its' use.

Strategy 4.1.2: Create a dynamic web based *Support Connections* resource *Discussion:* This resource would assist individuals with developmental disabilities and their families to direct their own supports and make informed decisions when selecting individuals, agencies and others to provide needed community services and supports. This system would also allow current Habilitation Center employees who are interested in transitioning to direct support positions in the community to post resumes and market their credentials. To support implementation of these systems, community training and demonstrations will be conducted to obtain feedback and buy-in from end users. This feedback will be used to make revisions and improvements to the systems. Some of the elements contained in this system would include:

- *Services available through provider agencies including information such as DSP training, wages, benefits, and tenure; certifications/accreditations; specialties; and family/consumer references*

□.o The Division of MRDD has piloted a system in the St. Louis area to gather and post information regarding community service providers. This has been piloted to provide families of individuals transitioning from Habilitation Centers to the community information regarding the expertise and quality of providers. This system needs to be refined, procedures/policies developed to guide it, and a technology system created to support it.

□.• *A directory of statewide independent service brokers and person centered planners that outlines credentials and areas of expertise*

□.o The current Independence Plus project is training a pool of independent service brokers and person centered planners who consumers can select to support planning and service brokering. An IT system needs to be developed where the credentials and expertise of these individuals can be posted on-line and made available across the state.

□.• *A directory of DSPs who are available to provide individualized community supports and Personal Care Assistant services that also includes information related to experience, credentials, and references*

□.o As more and more individuals in the state choose to direct their own supports there is an increasing need to develop an online directory of personal care attendants and DSPs who can be employed directly by the consumer and their family to provided needed supports. In addition, as the state is successful in transitioning individuals from State Habilitation Centers to the community there will be more and more quality staff from Habilitation Centers who will be interested in providing community supports. This system would allow them to post credentials that individual consumers, their families, or community providers could access.

. • *A directory of respite care providers*

o Consumers and their families are having increasing difficulty accessing quality respite care support. An online directory would provide ready access to a list of potential providers of these services.

An Information Technology stakeholders group will work with an IT consultant to plan for the development and implementation of this system:

Objective 2. Improve client access to long-term care services through the use of integrated IT system(s).

Strategy 4.2.1: Develop a Resource Network for Positive Behavioral Supports. *Discussion*: In 2002, the Division of MRDD convened a group of key stakeholders from across Missouri and across various state agencies to define the needs of individuals with significant behavior and communication needs. One of their primary recommendations was to build a multipurpose website that would provide information and resources related to these need areas. In 2004-2005, the University of Missouri-Columbia (UMC) designed a plan for this website in collaboration with state agency personnel, families, and representatives of other state higher education institutes. As part of the Missouri systems transformation, we will implement this plan to create this resource network. This will continue to be a cross agency initiative that includes various Universities, Hospitals, Missouri Department of Health and Senior Services, Missouri

Department of Mental Health and others.

The Resource Network website will serve two functions. First, it will provide families, health care providers, educators, and state agency personnel with user-friendly information focused on individuals with intensive behavior and communication needs. Anticipated topics directed toward parents and persons with these disabilities include how and where to obtain a diagnostic assessment; services available in Missouri including public and private agencies; caregiver support groups; and resources on promoting adaptive and pro-social behaviors including books, videos, and age-specific information (babies, preschool, 3-5 years, school age, adolescents, adults). All service information will be organized by type of service (e.g., medical, diagnostic, educational) and will be accessible by clicking on a Missouri map. This will be a public website open to all.

Objective 3. Use integrated systems to monitor the quality of services rendered.

Strategy 4.3.1: Implement the State Action Plan Tracking System (APTS)

Discussion: The state has designed an information technology system to support its' current QM system. However, there still exists barriers to refining, testing, and fully implementing this system. This system will provide for the consolidation, integration, and reporting of information gathered through the Statewide Quality Management plan. To fully implement this system refinements and further testing needs to be completed to support QM activities developed through this grant (see Goal 3). In addition, policies and procedures need to be developed to support timely input of quality data into the system and a staff training program needs to be developed and implemented to support this reporting. Some of the focused areas for improvements to this Information Technology infrastructure include:

. • System for collecting and sharing consumer satisfaction and quality of life outcome data

. • System for collecting and sharing healthcare information

. • System to generate QM reports for target constituencies Planning for these systems improvements will be done in cooperation with the Division of Medical Services (state Medicaid agency) to support sharing of information between the two systems.

Strategy 4.3.2: Develop an information technology "score card" system

Discussion: This system would include quantifiable measures of performance and success for state operated programs (Regional Centers) and privately operated programs (Community Providers). The system would include consumer and family satisfaction measures and be tied to the *Missouri Quality Outcomes Guidelines.* This score card system would be developed as a part of the refinements made to the current QM system and would provide consumers and families ready access to information to support informed choices when selecting agencies to provide them with supports and services. Policies and procedures need to be developed to support the development of this system and a staff training program needs to be developed to support implementation.

Major Activities Within Goal 4:

. • Form IT Stakeholders group

. • Identify IT consultant
. • Develop and pilot an online consumer quality of life and service satisfaction system
. • Develop and pilot a variety of online IT resources that connect individuals to community resources
. • Develop an IT positive behavior support resource network
. • Develop IT infrastructure to support QM system
. • Develop and pilot an online system to gather and report outcome data for community providers

Summary of Accomplishments, Outcomes, and Evaluation: At the end of the 5 year grant period the following Information Technology grant outcomes will be realized:
. • IT infrastructure developed that creates a comprehensive integrated IT and QM system and supports sharing of information between agencies
. • IT infrastructure will be developed that supports consumers to self-report on quality of life and service satisfaction measures and supports the collection of and sharing of healthcare information
. • IT infrastructure will be developed that creates access to a variety of resources that support informed choice and self-directed services
. • IT infrastructure will be developed that provides a comprehensive online resource for people with significant behavior and communication support needs
. • IT infrastructure will be developed that generates QM reports for target groups
. • IT infrastructure will be developed that supports the collection and reporting of performance measures for state and community providers

Outcome Measures: An outcome evaluation will be conducted in relation to these IT outcomes. Outcome Evaluation Measures for Goal 4 (Table 7) describes some of the proposed outcome measures and the process that will be used to collect and analysis data in relation to these outcomes:

Table 7. Outcome Evaluation Measures, Goal 4

Goal 4: Transformation of Information Technology to Support Systems Change			
Data	**How/When collected**	**Analysis**	**Expected Outcome**
Consumer Satisfaction	At IHP time; web-based	Frequencies	85% satisfaction
Survey users of Support Connections	Three months after use	Frequencies	85% satisfaction
Survey on service brokers/planners	3 months after web-based use	Frequencies	85% useful rating
Survey on DSPs/ respite providers	3 months after IT use	Frequencies	85% useful rating
Positive Behavior Support Network	3 months after IT use	Frequencies	85% useful rating
Provider Score Card	3 months after use	Frequencies	85% useful rating

Integrated IT system	Random sample of IT users (e.g. consumers, agencies)	t test	More recent users more satisfied

In addition to these outcome evaluation measures, the following evaluation questions and outcome indicators will be addressed within the overall project evaluation. For each indicator we have identified indicators that will be addressed to improve the IT system, outcomes that will be realized, and the process to measure these outcomes.

Evaluation Question 1: Whether, and to what degree, has the integrated Information Technology (IT) system contributed to enhancing client/beneficiary access?
Outcome Indicator One: What aspects of the IT system have played key roles?
Outcome Indicator Two: Is IT a better vehicle for clients, intake workers, providers of service?
How is "better" defined?

To address these evaluation questions we conduct focus groups and complete satisfaction surveys
with the various users of the components of the system. This will include consumers and
state/community agency staff.

Outcome Indicator	Outcomes Achieved	Process to Measure Outcomes
Key Aspects of the IT System Enhance Consumer Access	• Analysis of most and least beneficial components	• Focus groups of IT system users
IT System is an Effective and Beneficial Tool for All Who Use It	• 85% of the users of the different components of the IT system are "satisfied' with the new system • 85% of users rate the IT system as superior as compared to past technology and processes	• Satisfaction surveys of end users of different components of the IT system

Evaluation Question 2: Apart from monitoring the quality of services rendered using IT, how have integrated systems been used to evaluate levels of quality improvement?
Outcome Indicator One: What tools and techniques, unique to integrated information retrieval systems, improve the state's ability to quantify the program's return on its investment in terms of outcomes?

A review will be conducted to determine whether the IT infrastructure developed has cross agency usefulness in evaluating levels of quality improvements.

Outcome Indicator

Outcomes Achieved

Process to Measure Outcomes

IT Tools and Techniques

• Identification of the most and least

• Surveys and focus groups that Support Improved beneficial aspects of the IT

with cross agency end Outcomes integrated system users

- 85% of cross agency systems users (MRDD, Medicaid agency) are satisfied with its' use

Description of Key Stakeholders: To support implementation of the strategies outlined in this goal it will be imperative to have support from stakeholders who hold IT positions in state government as well as community groups and consumers who will benefit from the improved IT infrastructure to access needed services and supports. To address this need, we will create an Information Technology Stakeholders group who will be responsible for the implementation of plans created within the strategic planning process. Commitment from stakeholders will be developed through this planning process. The process will engage stakeholders in planning for improvements in the Information Technology infrastructure and identify the types of leadership that are needed to support these changes.

It will be critical that key stakeholders benefit in a tangible way from the IT infrastructure created through this project. This will be accomplished through training and information sessions with families and consumers related to the new IT community resources and state staff on the use and benefits of the comprehensive IT system. The process evaluation described in Part Four of this proposal outlines a process of obtaining ongoing feedback from IT users of the system and using this feedback to guide ongoing improvements to the system. The following table identifies the type of stakeholders who will need to be "at the table" to create the needed changes and who will serve as members of the IT Stakeholders Group.

Category of Stakeholders	Specific Stakeholder Groups/Individuals	Role
Executive/Legislative	Governor's IT representative	Coordination with overall efforts to integrate IT systems statewide
State Agencies	IT staff from Office of Administration, DMH Divisions,	Integration of IT systems across Divisions and Departments

	and Division of Medical Services	
Community Agencies	MOANCOR, MACDDS, Various Community Providers	Advise on use of IT to connect to community resources and develop provider score card system
Consumer, Advocacy, and Family Groups	People First, Missouri Planning Council, Parent Advisory Groups	Advise on IT to create peer to peer online mentoring program

GOAL 5: CREATION OF A SYSTEM THAT MORE EFFECTIVELY MANAGES THE FUNDING FOR LONG-TERM SUPPORTS THAT PROMOTE COMMUNITY LIVING OPTIONS

Rationale: The state has made significant progress in developing flexible financing options that allow "money to follow the person" from institutional to community settings and from one community setting to another. Much progress has also been made in addressing systems issues and creating infrastructure improvements that allow individuals to self-direct their own services. The current Independence Plus project is allowing the state to pilot a number of systems improvements and develop plans to offer these improvements on a statewide level. As the state moves to transition high cost and high need individuals from the State Habilitation Center to the community, there remain, however, a number of need areas in relation to funding and infrastructure improvements for long-term community supports that need to be addressed if the state is going to ***transition from a system of large state operated institutions to a community-based system***.

These include:

. • *Rebalancing of the Long-Term Support System.* Specifically, a reduction in the number of people with developmental disabilities living in state operated Habilitation Centers and development of community resources that support their successful transition to the community.

. • *Development of Community Support and Crisis Intervention Systems:* Capacity needs to be developed in the state to support transitions from institutions to the community and prevent movement from the community to institutions. There is a need to create regional support teams/structures to address this need.

. • *Enhancement of Telehealth Networks:* The state has successfully used the existing Telehealth Network to improve cost effective statewide access to health and behavioral services for a limited number of individuals with significant medical and behavioral support needs. There is a need to expand this system to other underserved areas of the state as the state works to transition more individuals with significant healthcare needs to the community.

. • *Forming a Peer-to-Peer Mentoring System:* There is a need to improve support for individuals and families of individuals transitioning from the state Habilitation Centers. The creation of a peer mentoring program in partnership with existing state consumer and family groups and through the creation of an information technology system would provide this support.

. • *Creation of a Direct Support Practitioner (DSP) Credentialing System:* This credentialing system would link competency based training with improved compensation packages for DSPs and address the need to recruit and retain quality workers to serve high need individuals in underserved areas of the state.

The Division of MRDD is ready to implement these infrastructure improvements to the funding and long-term support community systems. Both the governor and Division of MRDD have made a commitment to transition individuals from state institutions to the community. This is evidenced by the development of a 5 year plan that focuses on rebalancing of the long-term support system through transitioning individuals from Habilitation Centers to the community. The state has developed transition teams at each Habilitation Center to support these transitions, but is experiencing barriers to transitioning individuals with high cost, intensive, and complex behavioral and medical support needs. These individuals represent high cost areas of the state Medicaid budget. There are approximately 1,144 individuals living on-campus in Habilitation Centers at an average cost of $283/day (Shattering Myths, May, 2005). To support these transitions, there is a tremendous need to develop components of the long-term support infrastructure that address these barriers. Some medical and behavioral health services available to individuals in institutions are not always readily available to individuals in the community. Sometimes the disparity is due to location and access to these services and other times it is due to inequity in covered Medicaid services for persons in the community who have needs equal to persons in institutions. A set of safety net services with easy access must be developed for persons in the community to provide needed supports and to avoid the readmission of these individuals to the institutions. The development of this infrastructure would both support families and provider agencies during the transitions of individuals from Habilitation Centers, provide ongoing support following placement in the community, and support those at risk of institutionalization.

The development of the funding and community support infrastructure integrates very well with other planned infrastructure improvements. For example, as the state works to rebalance it's long-term support infrastructure by transitioning more individuals from it's state institutions to the community, an improved IT system is needed to support reporting of QM outcomes so problems can be addressed as they arise.

The major barrier to development of the infrastructure improvements described within this section, are access to the resources needed to develop and implement each component. For example funds are needed to expand telehealth services and develop community crisis response systems to support transitioning individuals with high cost, intensive, and complex behavioral and medical support needs to the community. The resources provided through this grant will allow us to address this need.

Discussion of Strategies: The following strategies have been identified to support this need.

Objective 3. Target High Cost Individuals and Services or Geographic Areas with High Unmet Need.

Strategy 5.3.1: Development of Community Support and Crisis Response Resources:

There is lack of capacity within communities and regions of the state to provide quality supports for individuals with complex behavior and medical support needs. This includes planning for proactive supports as well as responding effectively to crisis situations. To address this need, the following infrastructure will be developed and enhanced: *Division of MRDD Crisis Intervention Teams:* Some Regional Centers have crisis intervention teams, and others do no. The responsibilities of the existing teams are not consistent. The capacity of these teams to provide crisis intervention and positive behavior supports will be enhanced to consistently meet needs statewide. The inconsistency in the ability of these teams to provide quick, effective and quality supports for individuals in crisis and provider staff or to support planning for the transition of individuals with significant behavior support needs from institutions to their communities is currently a significant barrier. In support of this, regional teams with well defined responsibilities will be organized to meet statewide needs. A training curriculum will be developed and piloted in high need areas of the state with crisis intervention team members. Existing curriculum such as the AAMR Positive Behavior Support curriculum will be reviewed to support the design of the Missouri curriculum. In addition, technical assistance will be provided to the members of these teams to support their application of the competencies developed through the training.

Transition Integration Teams: In addition to improving the capacity of Crisis Intervention Teams, to provide these emergency supports, the Division of MRDD will pilot the development and use of Transition Integration Teams within 5 regions of the state. These teams will be responsible for supporting the planning and transition of individuals with significant behavioral and medical support needs back to their home communities. These interdisciplinary teams will serve a number of roles that include:

. • Developing and ensuring access to "safety net" services including but not limited to emergency respite, medication review and adjustment, and other behavioral and healthcare services not currently funded by Medicaid for adults living in the community.

. • Supporting the reintegration of individuals transitioning from Habilitation Centers back into their communities, including building friendships, circles of support, and personal support networks

. • Creatively addressing individual consumer and family transition problems and barriers. This could include matching consumers to consumers and parents to parents as described under the peer-to-peer mentoring component.

These transition integration teams will include Regional Center service coordinators, family/consumers, providers, professionals (e.g. psychologist, nurse) and others based on the needs of the individual. These teams will work in partnership with the Crisis Intervention Teams, and Quality Assurance Teams at the Regional Centers to provide or otherwise ensure access to these supports. Each of the 5 teams will have access to a pool of "safety net resource funds" that can be used in a flexible manner to provide for services and supports not covered through other funding resources. These resources will provide supports necessary to maintain the individual in their communities and avoid movement back to the institution. The effectiveness of these teams in facilitating successful transitions will be evaluated. Outcomes such as individual consumer

satisfaction with their quality of life and change in the number of people who leave Habilitation Centers and do not return will be assessed. The results will be utilized to plan for the continued funding and further development of these Transition Integration Teams across the state. The Transition Integration Teams will participate in training (e.g. person centered planning, crisis intervention) and receive technical assistance support. In addition, these teams will work with hospital discharge planners and others to plan for the services needed to support the individual in the community and prevent institutional care.

Strategy 5.3.2: Expansion of Telehealth Systems: Telehealth involves the use of electronic and telecommunications technologies to provide or support clinical care at a distance. Missouri has been a national leader in the field of telehealth for over a decade, most notably through the efforts of the Missouri Telehealth Network (MTN) at the University of Missouri-Columbia. With 44 telehealth sites in 29 Missouri counties, MTN provides a link between specialty health care providers, community care teams and individuals with complex medical and behavioral needs in rural areas. This promotes a community-based service system with access to the high quality, interdisciplinary care necessary for individuals with complex needs to lead healthy and productive lives in rural areas of the state. There is potential for a wide range of services to be delivered via telehealth, such as medical and behavioral assessments; treatment consultations in medical offices, homes or schools; follow up visits and post-operative care; discharge planning; real time problem solving between specialty and community treatment teams; family support; patient education; and distance learning for community professionals.

We will pilot the use of telehealth networks to support the complex behavioral and medical support needs of individuals transitioning from State Habilitation Centers. Telehealth equipment will be purchased and setup at selected Habilitation Centers and Regional Centers. The expanded use of the telehealth infrastructure will support access to quality health care information and services for individuals in underserved rural areas of the state. Improved access to telehealth systems could address this need and also support individuals in State Habilitation Centers who are in the process of moving to the community. This new infrastructure would provide access to medical and mental health professionals currently working at these Centers who are familiar with the needs of individual consumers. To accomplish this we will pilot the application of these systems by:

. • Targeting regions of the state to build telehealth partnerships and identify the infrastructure needed for telehealth communications

. • Identifing treatment team members (including Habilitation Center medical staff) and other potential tertiary telehealth providers

. • Establishing a referral and scheduling protocol

. • Testing the system

Strategy 5.3.3: Create a peer-to-peer mentoring system *Discussion:* Missouri Division of MRDD staff describe “transition trauma” as a common problem for people who transition from Habilitation Centers to the community. This is really a symptom of the loneliness that occurs while individuals struggle to develop new friendships and relationships in the community. It is also a problem for families who have many

reservations, fears, and concerns as they consider transitions to the community. The Missouri Planning Council for people with Developmental Disabilities is planning a small pilot project to address this need. In collaboration with the Planning Council we will pilot a peer mentoring system that will match individuals with disabilities and families who are planning transitions from State Habilitation Centers to the community with others living in the community who can support them during their transitions. These individuals need access to a peer support network who have, themselves, successfully navigated these community transitions. The development of this peer mentoring program would be done in partnership with other family and consumer groups including Partners in Policymaking graduates and state People First members. The infrastructure to develop this work will be supported through the existing Sharing Our Strengths (SOS) Support Matching Network. Following is a short description of this existing program.

- **SOS** is a Missouri-wide peer support network, matching parents who are raising children with special healthcare needs or disabilities to other parents in similar situations. SOS support is centered around parent-to-parent networking, a program based in the principal that families with shared experiences are uniquely qualified to help each other. Trained mentors are an invaluable source of support and encouragement because they have faced similar challenges and celebrations. Whether it's for a new diagnosis, a hospitalization, or a life transition, talking with another person who has "been there" is extremely helpful. SOS also makes matches that include persons with disabilities, extended family members, or professionals who work with children and adults with special healthcare needs or disabilities and their families.

In support of this initiative, an information technology system will be developed that creates peer-to-peer matches between individuals with disabilities transitioning from Habilitation Centers to the community and people with disabilities living in the community who have previously resided in a Habilitation Center. Matches will also be made for families who have sons/daughters who are transitioning and families who have previously made these transitions. A plan will be developed to market this system within the Habilitation Centers, recruit community mentors, train mentors, and monitor the quality of matches. The IT system developed to support this program will also include an online evaluation component. The SOS program will work extensively with People First Chapters and Partners in Policy Making graduates to support marketing and recruitment of mentors.

Strategy 5.3.4: Develop a training and credentialing system for Direct Support Practitioners (DSP) that is coupled with increased wages and benefits. *Discussion:* The quality of supports received by individuals with developmental disabilities is directly related to the recruitment and retention of quality direct support practitioners. Lack of access to competent DSPs is consistently sited as a major barrier to transitioning individuals with significant disabilities from the state Habilitation Centers to the community. There is a lack of access to DSPs who have knowledge and skills related to such areas as positive behavior supports, crisis intervention, and supporting people with complex medical needs. These skills are badly needed by the DSPs who will be providing services to individuals transitioning from the Habilitation Centers to the community. A credentialing system needs to be developed that ties credentialing of DSPs to improved wages and benefits. We envision a curriculum that is based upon the

Community Skill Standards developed by the Human Services Research Institute as follows: We will explore the feasibility of piloting training offered by the College of Direct Support. They offer a variety of on-line classes related to the above skill standards that could be customized to meet the needs of DSPs in Missouri.

Skill Standard	Competency
Participant Empowerment	The competent DSP enhances the ability of the participant to lead a self-determining life by providing support and information to build self-esteem and assertiveness and to make decisions.
Communication	The DSP should be knowledgeable about the range of effective communication and basic counseling strategies and skills necessary to establish a collaborative relationship with the participant.
Assessment	The DSP should be knowledgeable about formal and informal assessment practices in order to respond to the needs, desires, and interests of participants.
Community and Service Networking	The DSP should be knowledgeable about the formal and informal supports available in his or her community and skilled in assisting the participant to identify and gain access to such supports.
Facilitation of Services	The DSP is knowledgeable about a range of participatory planning techniques and is skilled in implementing plans in a collaborative and expeditious manner.
Community Living and Supports	The DSP has the ability to match specific supports and interventions to the unique needs of individual participants and recognizes the importance of friends, family and community relationships.
Education, Training, and Self-Development	The DSP should be able to identify areas for self-improvement, pursue necessary educational/training resources, and share knowledge with others.
Advocacy	The DSP should be knowledgeable about the diverse challenges facing participants (e.g., human rights, legal rights, administrative and financial issues) and should be able to identify and use effective advocacy strategies to overcome such challenges.
Vocational, Educational, and Career Support	The DSP should be knowledgeable about the career and education related concerns of the participant and should be able to mobilize the resources and support necessary to assist the participant to reach his or her goals.
Crisis Intervention	The DSP should be knowledgeable about crisis intervention and resolution techniques and should match such techniques to particular circumstances and individuals.
Organizational Participation	The DSP is familiar with the mission and practices of the support organization and participates in the life of the organization.
Documentation	The DSP is aware of the requirements for documentation in their organization and is able to manage the requirements efficiently.

A three-step credentialing system would be developed. The first step is completion of the core curriculum of course work based upon the standards outlined above. The second step is completion of a supervised work experience through the support of an experienced mentor. The mentor will ideally be another DSP who has demonstrated competency in the identified skill standards. The third step would create a reimbursement system for DSPs who have completed the credentialing. This would lead to improvement in recruitment and retention.

To accomplish this task a work group will be formed to guide the creation and piloting of this credentialing system. They will:

. • plan for the development of the curriculum,

. • pilot the curriculum within a number of high need areas of the state,
. • develop mechanisms for the delivery of the curriculum, and
. • create recommendations for a funding structure that results in increased compensation for those DSPs completing the credentialing program.

Major Activities Within Goal 5:

- Form Funding and Community Support Stakeholders workgroup
- Identify a Funding and Community Support consultant(s)
- Develop, train, and provide TA to regional Support and Crisis Response Teams
- Develop Transition Integration Teams in five regions of the state
- Expand access to Telehealth systems for individuals transitioning from state Habilitation Centers
- Develop a peer-to-peer mentoring program to support community transitions
- Develop and pilot a credentialing and compensation system for DSPs in high need areas of the state

Summary of Accomplishments, Outcomes, and Evaluation: At the end of the 5 year grant period the following outcomes will be achieved in relation to this goal:

. • A increase in the proportion of Medicaid spending on home and community-based services compared to institutional services
. • A decrease in the number of institutional beds and increase the number of Medicaid waiver slots
. • Creation of a support and crisis response infrastructure in regions across Missouri
. • Improved access to Telehealth systems for individuals transitioning from state Habilitation Centers
. • Infrastructure will be developed that facilitates peer-to-peer connections and provides supports for those individuals and their families transitioning from the state Habilitation Centers to the community
. • Development of a DSP credentialing system with related improvements in compensation

Outcome Measures: An outcome evaluation will be conducted in relation to these funding and community living outcomes. Outcome Evaluation Measures (Table 8) describes some of the proposed outcome measures and the process that will be used to collect and analysis data in relation to these outcomes:

Table 8. Outcome Evaluation Measures, Goal 5

Goal 5: Creation of a System that More Effectively Manages the Funding for Long-term Supports that Promote Community Living Options			
Data	**How/When collected**	**Analysis**	**Expected Outcome**
Peer-to-peer mentoring	Annually	Frequencies	85% usefulness rating
Random analysis of those transitioned	Annually	t-tests and frequencies	Better quality of life; more community integration
Survey of telehealth users	Three months post-use	Frequencies	85% useful; identify uses and behavior (pre-post)

Support and crisis response systems	Number/type of behaviors; residential changes	t-test; frequencies	Fewer behavior problems in community; fewer residential changes; fewer re-admits
Random survey direct support practitioners	Annually	Number of months worked in position	Those with higher credentials/salary continue longer

In addition to these outcome evaluation measures, the following evaluation questions and outcome indicators will be addressed within the overall project evaluation. For each indicator we have identified needs that will be addressed, outcomes that will be realized, and the process to measure these outcomes.

Evaluation question 1: How has the Medicaid budget been impacted by the implementation of this goal?
Outcome Indicator One: What is the proportional change in total Medicaid spending on home and community-based services compared to institutional services–both overall and by the population targeted in the proposal? ***Outcome Indicator Two:*** What is the proportional change in the number of institutional beds and the number of Medicaid waiver slots?

The above described funding and community support infrastructure development projects are designed to result in a rebalancing of the Missouri long-term support system. The following are the outcome measures and targets identified for proportional changes in this system. In addition to these measures we will also conduct evaluations of the various initiatives in the strategies above. These are described within the evaluation section in Part 4 of this proposal.

Outcome Indicator	Outcomes Achieved	Process to Measure Outcomes
Proportional Change in Overall Medicaid Spending	• 10% increase in proportion of Medicaid funding for people with DD directed to community based services • 20% decrease in proportion of Medicaid funding for people with DD directed to ICF/MR services	• Progress measured annually using information obtained from the Missouri Division of MRDD data book
Proportional Change in the # of Institutional beds and the # of Medicaid Waiver Slots	• 6% increase in number of Medicaid waiver slots funding community based services for people with DD • 30% decrease in number of ICF/MR beds for people with DD	• Progress measured annually using information obtained from the Missouri Division of MRDD data book

Description of Key Stakeholders: To support implementation of the strategies outlined in this goal it will be imperative that state level and community stakeholders are engaged in addressing funding barriers related to access to needed community services and supports for individuals transitioning from state Habilitation Centers to the community. To support this goal, a Funding and Community Support Stakeholders Workgroup will be

developed. This group will engage stakeholders in planning for improvements in the funding and community support infrastructure and identify the types of leadership that are needed to support these changes.

It will be critical that these stakeholders include individuals and their families who are planning for these transitions as well as community providers who represent those who will provide community supports and services. These stakeholders must see and experience the benefits of the infrastructure developed through this project. This includes the peer mentoring system, access to telehealth services, credentialing/compensation for DSPs, and access to crisis response systems. The process evaluation described in Part Four of this proposal outlines a process of obtaining feedback from users of these supports and using this feedback to guide ongoing improvements. Stakeholders (Table 9) identifies the type of stakeholders that are needed to create these changes and who will serve as members of the Stakeholders Group.

Table 9. Stakeholders

Category of Stakeholders	Specific Stakeholder Groups/Individuals	Role
Executive/Legislative	Governor's Health Policy Analyst	Coordination with overall efforts to transform state government
State Agencies	Budget and Training Staff from DMH Divisions and Division of Medical Services	Integration of funding, crisis response and training systems across Divisions and Departments
Community Agencies	Missouri Telehealth, Direct Support Professionals of Missouri, MOANCOR, MACDDS, Various Community Providers	Advise on DSP credentialing and development of crisis response and telehealth systems
Consumer, Advocacy, and Family Groups	People First, Missouri Planning Council, Partners in Policy Making, Individuals residing in Habilitation Centers	Advise on peer to peer mentoring supports

Part Four: Strategic Plan

Process Used to Develop the Plan: The Change and Innovation Agency (CIA) is a consulting agency that can support the Division of MRDD to complete and implement a strategic plan. CIA will utilize an engaging, inclusive planning process which will make clear the: Mission Statement, Goals, Objectives, Strategies, Implementation Plan, Technical Assistance Plan, and Evaluation Plan. These outcomes will be achieved by doing the following:

Step 1: Work with the Transformation Leadership Workgroup to set up strategic planning
steering committee

To ensure a successful strategic plan (one that gets implemented), leadership must be engaged.

CIA will work with the Transformation Leadership Workgroup to identify others who should have a seat at the table and will discuss the possibilities of including members from advocacy groups, clients and families, and providers and legislators. The steering committee will be established to ensure:

- Everybody will be informed of the work about to take place, and what to expect from our process
- Clear roles and responsibilities are established
- Commitment from the different organizations is represented

Step 2: Facilitation of the Steering Committee to confirm the three goal areas, and to produce the mission statement

Working with the steering committee, CIA will confirm the three goal areas:

- Development or enhancement of comprehensive quality management systems
- Transformation of information technology to support systems change
- Creation of a system that more effectively manages the funding for long-term supports that promote community living options

Once the steering committee has agreed to support the three goal areas, the consultant will facilitate the development of a Mission Statement. In other words, what are we here to do, who are we here to do it for, and what results do we want to produce? With a clear mission, CIA will move the steering committee to the next step.

Step 3: Form workgroups around each goal area

The steering committee will be lead into a discussion regarding workgroup membership. The workgroups will be organized around each goal area, so it will be logical to include agency staff, consumers and/or advocates, and other appropriate members on each team. The consultant will ensure that the workgroups remain manageable, which means they will not consist of more than 25 members. The makeup of each workgroup will ensure the input of many groups, as proven by the Systems Breakthrough teams in 2003.

The work of the steering committee in this step will produce:

- A charter (a document that spells out the project scope, boundaries, desired results) for each goal workgroup
- Names of potential team members
- An Action Plan to ensure potential workgroup members are contacted and confirmed

. • A timeline for teamwork
. • A date for the goal workgroups to present their work to the steering committee

Step 4: Facilitate goal workgroups through the production of strategic plans (objectives, strategies, actions)

Once the Goal workgroups are formed, CIA will lead each team through a series of Strategic Planning retreats. For the Systems Transformation Initiative, the consultant envisions three teams coming together and doing the following:

. • Developing mission statements regarding their specific goal area
. • Analyzing data on their goal area in order to better understand their charge
. • Identifying results that each goal workgroup wishes to achieve
. • Identifying measurements that will tell each goal workgroup if they achieve their goals
. • Identifying barriers to achieving the identified results
. • Identifying what each goal workgroup needs to achieve in order to achieve the desired results
. • Development of strategies
. • Identification of success factors (technical assistance, infrastructure changes, etc.)
. • Development of Action Plans (who's going to do what, by when, to make it happen)
. • Present Strategic Plans to the steering committee (these will not be the generic, high-level plans; rather they will be specific plans with specific actions that will lead MRDD to the achievement of the stated goal)

CIA's role will be the facilitation of each goal workgroup. Each workgroup will be lead through an engaging and intense process which will pull from the membership expertise. The end result will be a comprehensive and very thorough strategic plan outlining how the Division of MRDD will achieve its goals.

Steps 5 and 6: Facilitate a session with the steering committee and the goal teams to prioritize strategies & creation of implementation plans

After the steering committee has heard presentations and received reports from each of the goal workgroups and members and have had time to digest the strategic plans, questions and comments for each workgroup are anticipated. This meeting will be the Steering committee's official response to the Workplace Improvement Team. Upon the Steering Committee's response, the consultant will prioritize the strategies to move forward on, as well as establishing timelines and creating project plans. At the end of this step, the strategic plan for each goal area will be complete. Specific implementation plans will include strategies, steps, responsibilities and resources required to successfully achieve the stated goal. These plans will be written as

roadmaps for each goal area. They will be clear and concise, and easily understood by insiders as well as consumers and advocacy groups.

Step 7: Ongoing facilitation of quarterly reviews

It is important ongoing review occur to ensure appropriate focus continues on the plan. Upon approval of the strategic plan for each goal area, CIA will facilitate sessions each quarter for the remaining four years between the Goal workgroups and the Transformation Leadership Workgroup. The focus of the review will be the implementation plans. Specific individuals who are responsible for action in implementing the plan will be expected to report on the status of their actions. The final plan will be produced in house by the Division of MRDD. This plan will be reviewed and approved by the Transformation Leadership Workgroup.

Engaging Agency Executives, Legislators and Advocacy Groups in Plan Development: The organizational structure for this project provides for a unique blend of consumer/family groups, provider associations, state government executives, legislators, and other related organizations. **Appendix O** contains a copy of the organizational chart. The organizations outlined in this chart have been consulted in the development of this proposal and will be involved in the strategic planning process to support its' implementation. Attached in **Appendix N** are letters of support/commitment from many of these groups. The strategic planning process outlined in the above process is designed to engage these stakeholders in creating a vision for desired outcomes, charting a path to obtain these outcomes, and evaluating outcomes. This process will assure that these individuals are engaged in and have ownership of transforming Missouri's long term support infrastructure.

Involvement of Consumers in the Development of the Strategic Plan: In the design of this project we have created 3 Transformation Workgroups related to the infrastructure improvement areas of Quality Management, Information Technology, and Funding and Community Supports. Each of these workgroups will include membership by individual consumers most impacted by these infrastructure improvements. For example, the Funding and Community Supports workgroup membership will consist of consumers and family members who are planning transitions from State Habilitation Centers to the community. The development of this organizational structure will assure that the voices of those most impacted are heard and their suggestions utilized.

Technical Assistance Plan: The state plans to contract with 4 technical assistance consultants to support implementation of the goals and strategies outlined within this proposal. Following is a description of the purpose and process for contracting with these consultants.

Strategic Planning Consultant: The Change and Innovation Agency (CIA) will facilitate the development of the strategic plan (as outlined above) for this project. CIA has extensive experience in organizational development, management consulting, strategic planning, and change management. They also have intimate knowledge of the health care system in the state, have acted as the consultant on the Division of MRDD "Systems Breakthrough for

Excellence
Project", and have worked with the State DMH on numerous quality improvement projects.
The budget section of this proposal contains additional information regarding their contract.
Following is a short bio description of this organization:

About CIA: The Change and Innovation Agency is a firm dedicated to helping its clients
radically improve everything they touch. Specializing in the 85% of the economy that does not
make widgets, CIA has worked with numerous clients in diverse industries on improving
customer satisfaction, radical process improvement, and innovation. The two members of the
Change and Innovation Agency who will be working on this project have extensive experience
developing, working with and improving systems in government.

Ken Miller, Founder of the Change and Innovation Agency, is the former Deputy Director of the Missouri Department of Revenue where he led the transformation initiative that resulted in the Department winning the Missouri Quality Award. The Department is one of only a handful of government agencies nationwide to receive a Malcolm Baldrige based award. Ken was also put in charge of developing a state-wide performance measurement system for all of state government. This included developing leading and lagging indicators of statewide outcomes and creating a planning and measurement infrastructure to be used by the Governor and legislature to make decisions.

Transformation Team Consultants: As described previously, we plan to develop workgroups to support planning and implementation of the strategies outlined to address each transformation goal. These workgroups will be responsible for the implementation plans created within the strategic planning process. Following the strategic planning process we will contract with a consultant to support the work of these transformation teams. We have not pre-selected these consultants as it will be important that their qualifications are a good match to the initiatives outlined within the implementation plan. However, based upon our initial planning, the following would be the type of individual that we would anticipate filling this role:

. ◊ *Quality Management Consultant:* This individual will have experience working within a state(s) to develop quality management strategies that are comprehensive across relevant programs and services and incorporates the elements of the CMS HCBS Quality Framework. They will also have experience with engaging consumers, families, and other stakeholders in the development and ongoing evaluation of the system.

. ◊ *Information Technology Consultant:* This individual will have experience with the development of IT infrastructure that supports quality assurance programs and the sharing of relevant information between different state systems. They will also have experience in creating dynamic online resources that connect people to information and

peer support networks.

- ◊ *Funding and Long-term Support Consultant:* This individual will have experience assisting states to develop the community infrastructure needed to support the transitions of individuals from state institutions to community services. This would include experience with self-directed funding options, developing community support/crisis response networks, and training/reimbursement systems for DSPs. Given the nature of this goal, the state may contract with more than one consultant with more focused expertise in the areas above. This will be determined through the planning process.

To identify consultants in the above areas we will consult with the National Association of State Directors of Developmental Disability Services and/or states who have addressed similar barriers and engaged in similar processes. The Transformation Leadership workgroup will make the final decision on selection of these individuals. Funds to support their work are included in the project budget.

Plan for Evaluation and Formative Learning:

Outcome Evaluation: Within the evaluation section of each transformation goal area we have included an outcome evaluation plan that is summarized within a table. Each table identifies specific data that will be collected, how and when it will be collected, how the data will be analyzed, and the expected outcomes. Following the strategic planning process this outcome evaluation plan will be revised to reflect measurements that will help each goal workgroup to know if they are achieving their goals and desired outcomes.

In addition to these outcome evaluation measures we will conduct an additional evaluation that focuses on identifying outcomes for individuals who transition from state Habilitation Centers to the community during the period of this project. Several evaluation strategies will be used that include the following:

. • First, those who have been transitioned will be compared pre-transition and one year post-transition related to many aspects (e.g., quality of life, services utilized, person-centered plan analysis, fiscal expenditures). Within Analyses of Variances (or chi squares where appropriate) we will look at different aspects.

. • A second similar comparison will be made between those who move to the community and a

matched sample of those who remain in the institution. Where possible, the outcome evaluation will look toward the use of the established databases since these can be continued once the grant ends. Reports will be developed using this database.

Formative Learning Process and Procedures for Documentation: The process evaluation will examine the extent to which the project is implemented according to the program design and will identify any problems that arise in the organization, management, and implementation of the project. The project evaluator will conduct interviews and surveys with the various constituencies, staff, and consultants to the project to examine the implementation process:

. • The program staff and consultants will ascertain how their activities and relationships are developing, and the successes and challenges they have encountered.

. • Members of the Transformation Leadership Workgroup and subcommittees will be interviewed to determine the successes and challenges of implementing the project. A diverse audience will serve on these groups. These individuals will provide input during each of their meetings. They will also be surveyed on a semi-annual basis to identify their perception of the direction of the various components of the project and how it could be improved.

. • A random sample of consumers and families will be interviewed to determine their satisfaction with the program and their opinion of the activities involved. This will include individuals directly impacted by the infrastructure changes.

The process evaluation will produce qualitative information about project implementation, management and organization of the project, activities implemented, the alignment of those activities with project goals, and experiences, satisfaction, and challenges indicated by the various stakeholders involved in the project. Project findings will be documented in reports written by the Evaluator.

Evaluator and Institution: The University of Missouri Kansas City Institute for Human Development (UMKC-IHD), a University Center for Excellence will direct the evaluation of the project. UMKC-IHD has a long history of evaluating projects from prevention and early childhood to older persons. They have worked closely with the Missouri Division of MRDD. Dr. Christine Rinck will direct these activities (see Resumes in **Attachment 3**). She has evaluated federal grants (e.g., MCH, CMS, Dept. of Education, Office of Adolescent Prevention Programs, Administration on Developmental Disabilities), and state programs (e.g., statewide health grant). The evaluation team will assist the state to compile all the evaluation measures into reports that will be easy to use and understand.

Baseline Data: The following are examples of the type of baseline data that will be collected as a component of the project evaluation:

. • Pre-data on Quality of Life

. • Pre-data on service utilization and needs listed on plan with fiscal expenditures

. • Survey of stakeholders as to integration of system and ease of access

. • Survey of Direct Support Practitioners to identify length of service

. • Comparison of residential changes due to behavior problems pre-crisis response team implementation

Input from Consumers, Stakeholders, and Advisory Board in Evaluation: An additional component of the process evaluation will be to conduct surveys with stakeholders (consumers, family members, state agency staff, providers, and others) concerning their use of the various infrastructure components of the system. For example, the State Quality Management Stakeholders Workgroup and users of the many different IT systems will be surveyed annually as to their perceptions of the usefulness of these systems. A wide audience will serve on the Transformation Leadership Workgroup. These individuals will provide input during each of their quarterly meetings. They will also be surveyed on a semi-annual basis to identify their perception of the direction of the project and how it could be improved. The Workgroup will review the reports from the evaluation. They will use this data for feedback.